

**NURSING STUDENTS' SATISFACTION WITH CLINICAL PRACTICE  
ENVIRONMENT DURING THEIR UNDERGRADUATE TRAINING IN NAMIBIA**

BY

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## DECLARATION

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## ABSTRACT

**Background:** Since nursing is a practice-based profession, the clinical practice environment is an important aspect of nursing education. The nursing students' satisfaction with the clinical practice environment is an important criterion used to evaluate nursing education. The quality of the clinical practice environment tends to influence nursing student's satisfaction with such. The study aimed to explore the satisfaction of undergraduate student nurses' in Namibia about their clinical practice environments. The objectives were to explore students' satisfaction as it relates to the learning environment, supervisory relationship and the role of the nurse teacher. The research question was: How satisfied are the undergraduate nursing students with the clinical practice environment during their undergraduate training in Namibia?

**Method:** A quantitative descriptive cross-sectional design was used. The sample (n=421) comprised 1<sup>st</sup> to 4<sup>th</sup> year nursing students and n=267 students returned the questionnaires; return rate = 63%. A validated questionnaire, the Clinical Learning Environment and Nurse Teacher (CLES-T) was used to collect data. A pilot test was done to refine the study methodology. The researcher obtained ethical clearance from the Health Research Ethical Committee (HREC) of Stellenbosch University. Institutional permission was obtained from the Ministry of Health and Social Services (MoHSS) in Namibia and the participating institutions of higher education. Informed consent was obtained from each participant. Data were analysed using the Statistical Package for Social Sciences (SPSS), version 26.0 and the assistance of a biostatistician.

**Results:** Overall, 65.9% of the participants were satisfied with the clinical practice environment; 16.7% were dissatisfied, while 17.6% were indecisive. Furthermore, students who had good relationships with their respective supervisors were more satisfied with the pedagogical atmosphere ( $P < 0.010$ ). Students who received more frequent clinical supervision were also more satisfied with the supervisory process ( $p < 0.011$ ).

**The recommendation included** a call to the ward manager to encourage the registered nurses to view their educational responsibility of clinical teaching and supervision seriously.

**Conclusion:** Nursing students who received regular supervision and had good relationships with their supervisors are more satisfied with the clinical practice environment.

**Keywords:** Clinical learning environment, clinical practice, student satisfaction, student nurse, clinical placement, clinical supervision

## OPSOMMING

**Agtergrond:** Siende verpleging 'n praktykgebaseerde professie is, is die kliniese werksomgewing 'n belangrike aspek van verpleeg-opvoeding. Die tevredenheid van verpleegstudente met die kliniese werksomgewing is 'n belangrike maatstaf waarmee verpleegopvoeding gemeet word. Die gehalte van die kliniese werksomgewing neig verpleegstudente se tevredenheid daarmee te beïnvloed. Die studie het gepoog om die tevredenheid van voorgraadse verpleegstudente in Namibië met hul kliniese werksomgewing, te verken. Die doelwitte was om die studente se tevredenheid soos dit met die leeromgewing, toesighouer-verhouding en die rol van die verpleegopvoeder verband hou, te verken. Die navorsingsvraag was: Hoe tevrede is voorgraadse verpleegstudente in Namibië met die kliniese werksomgewing?

**Metodes:** 'n Kwantitatiewe beskrywende dwars-snit ontwerp was gebruik. Die steekproef het uit 1-4de jaar verpleegstudente bestaan ( $n=421$ ) en  $n=267$  studente het die vraelyste terugbesorg; terugkoers = 63%. 'n Geldige vraelys, die '*Clinical Learning Environment and Nurse Teacher (CLES-T)*' was gebruik om data te versamel. 'n Loodstoets was gedoen om die navorsingsmetodologie te verfyn. Die navorser het etiese goedkeuring van die Gesondheidsnavorsing Etiek Komitee (GNEK) van Universiteit Stellenbosch verkry. Institusionele toestemming was van die Ministerie van Gesondheid en Maatskaplike Dienste (MGMD) in Namibië en die deelnemende instansies van hoër onderwys verkry. Ingeligte Toestemming was van elke deelnemer verkry. Data was deur die '*Statistical Package for Social Sciences*' (SPSS), weergawe 26.0 en die hulp van 'n biostatistikus geanaliseer.

**Resultate:** Meeste van die deelnemers (65.9%) was met die kliniese werksomgewing tevrede; 16.7% was ontevrede, wyl 17.6% besluiteloos was. Meer nog, studente wat goeie verhoudings met hul onderskeie supervisors gehad het, was meer met die leeromgewing tevrede ( $P<0.010$ ). Studente wat meer gereelde kliniese supervisie ontvang het, was meer met die kliniese leerproses tevrede ( $p<0.011$ ).

**Die aanbevelings het ingesluit:** 'n oproep aan die saalbestuurder om geregistreerde verpleegsters aan te moedig om hul opvoedkundige verantwoordelikheid van kliniese onderrig en supervisie meer ernstig te sien.

**Gevolgtrekking:** Verpleegstudente wat gereelde supervisie ontvang het en goeie verhoudings met hul supervisors gehad het, was meer met die kliniese werksomgewing tevrede.

**Sleutelwoorde:** Kliniese leeromgewing, kliniese praktyk, studenttevredenheid, studentverpleegster, kliniese plasing, kliniese supervisie.

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## **ABBREVIATIONS**

CLES-T	Clinical Learning Environment and Teacher
NT	Nurse Teacher
HREC	Health Research Ethics Committee
MOHSS	Ministry of Health and Social Services
SPSS	Statistical Package for Social Sciences

## **CHAPTER 1**

### **FOUNDATION OF THE STUDY**

#### **1.1 INTRODUCTION**

The satisfaction of nursing students with clinical practice is an essential criterion used for the evaluation of clinical practice in nursing education. Notably, there is a need for deliberation regarding how to create clinical contexts, where students learn to integrate theoretical knowledge with practice and nurses are assisted in staying abreast with healthcare knowledge (Henderson, Briggs, Schoonbeck & Paterson, 2011:2). The researcher, who is a registered nurse at one of the training hospitals in Namibia, became aware of the discontent of student nurses with the clinical environment when they verbalised their dissatisfaction. Their apparent dissatisfaction appeared to relate to limited participation in patient care, inadequate support from clinical staff and lack of appointed student supervisors during clinical practice. Similarly, the findings of a study conducted by Emvula (2016:24), showed that nursing students received very little support, guidance and supervision from the registered nurses at the clinical placement. Several studies have been conducted in different countries such as Cyprus, Finland, Malaysia, Norway, South Africa and Malawi to report on the experience and satisfaction of undergraduate nursing students within the clinical placement setting (Papastavrou, Lambrinou, Tsangari, Saarokoski & Leino-Kilpi, 2010:2; Skaalvik, Normann & Henriksen, 2011:1; Kaphagawani & Useh, 2013:4). However, the satisfaction of students in clinical environments during undergraduate training in Namibia was unknown. The researcher could find no research evidence of investigations conducted at the institution to report on nursing students' content with clinical practice in Namibia. This inspired the researcher to explore the satisfaction of undergraduate nursing students regarding their clinical practice environments.

#### **1.2 SIGNIFICANCE OF THE PROBLEM**

Nursing education comprises two crucial aspects, theoretical knowledge and clinical practice. The integration of theoretical knowledge with clinical practice contributes to the development of the professional nursing character as well as growth and development in the art and science of nursing (Kaphagawani, 2015:40; Bruce, Kloppe & Mellish, 2011:253). During nursing training, student nurses are placed in various clinical learning environments to gain exposure to and acquire experience in affective, cognitive and psychomotor skills. Furthermore, student nurses can observe the actions and practice of other experienced nurse role models in specific clinical settings during their work-integrated learning placement (Henderson *et al.*, 2011:2). Better understanding and knowledge of nursing students' content in clinical practice can assist the

academics and clinical supervisors to effectively support and facilitate the learning and teaching of nursing students. The researcher had anticipated that results in this study would further aid the development of nursing education and the nursing profession as a whole in Namibia.

### **1.3 BACKGROUND AND RATIONALE**

Nursing students need to be supervised and mentored during clinical practice to enhance learning. Supervision also improves the integration of theory and practice, personal and professional growth, provides support and reduces errors; thus, ensuring patient safety (Kaphagawani, 2015:59).

The institutions under study include one national and two private institutions of higher education in Namibia. The institutions offer pre-registration programmes, e.g. a four-year Bachelor of Nursing Science. This programme comprises theoretical and clinical practice components.

Clinical placement comprises two- or four-week periods every month, depending on the specific university. Students rotate between various clinical speciality areas such as gynaecology, medical, paediatric, surgical, orthopaedic, casualty, theatre, critical care, maternity, primary health care and psychiatric units. Only senior nursing students are placed in critical care units. Students are placed at three academic hospitals, one being a tertiary hospital, a secondary hospital and the other a primary health centre. During clinical practice, the junior nursing students, i.e. first-year students, mainly perform basic nursing tasks such as washing patients, making beds and taking vital signs. The senior nursing students, second- to fourth-year, are responsible for more advanced nursing activities such as assisting with procedures, administration of medication, as well as peer support for the junior students.

Nursing students' satisfaction with the clinical practice environment is an essential criterion used for the evaluation of clinical practice in nursing education (Henderson *et al.*, 2011:2). Latifah (2016:1) suggests that nursing students' satisfaction with clinical practice can be both as a result of and influence of creative learning environments that highlight the importance of interpersonal properties, mutual respects, and trust among the lecturers, nurses and student nurses.

### **1.4 RESEARCH PROBLEM**

Nursing students' satisfaction is considered an essential influencing factor when evaluating the effectiveness of the clinical practice setting as a learning environment (Papastavrou, Dimitriadou, Tsangari & Andreou, 2016:1). Student nurses have raised concerns regarding



inadequate opportunities to practise the theory taught in the classroom, and sometimes they find themselves doing non-nursing tasks such as taking specimens to the laboratory, collecting patient linen and stationary. Furthermore, students have raised awareness of the lack of support and guidance from the registered nurses in the clinical practice environment (Emvula, 2016:25). The researcher has also observed some disregard for student nurses' clinical teaching by some registered nurses in the clinical learning environment.

The researcher could not find any literature related to the specific context that looked at nursing students' satisfaction with the clinical practice environment in Namibia. Hence, the researcher embarked on this study to explore the students' satisfaction with the clinical practice environment.

### **1.5 RESEARCH QUESTION**

How satisfied are the undergraduate nursing students with clinical practice environment during their undergraduate training in Namibia?

### **1.6 RESEARCH AIM**

This study aimed to explore the satisfaction of undergraduate student nurses in Namibia with their clinical practice environments.

### **1.7 RESEARCH OBJECTIVE**

The objectives of this study were to explore the satisfaction of undergraduate nursing students regarding the:

- Clinical practice environment during their clinical practice placements.
- Nursing student-supervisor relationship during their clinical practice placements.
- Role of the nurse-lecturer/teacher during clinical practice placement.
- Comparing and linking of student satisfaction and demographic variables.

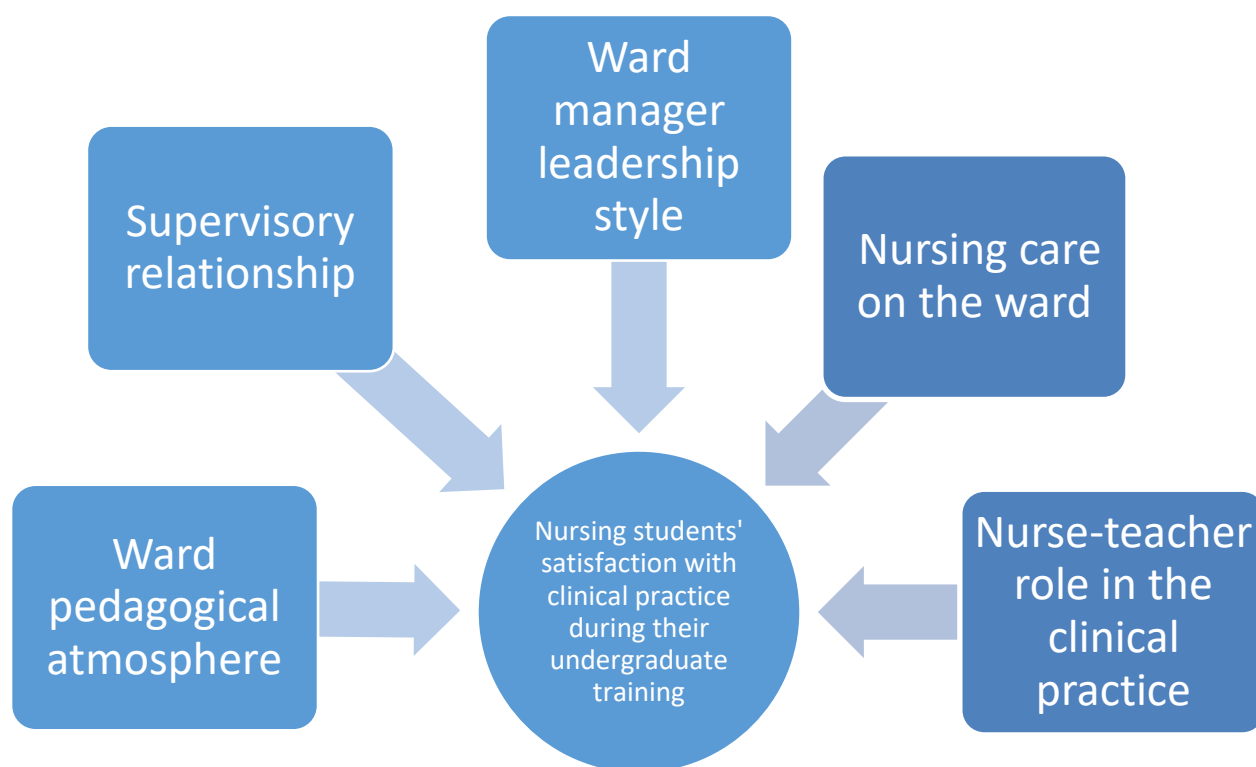
### **1.8 CONCEPTUAL FRAMEWORK**

A study framework is the theoretical basis of a study that guides the development of the study. The framework enables the linking of the findings to the nursing body of knowledge (Grove, Gray & Burns, 2015:63).

This study was based on the conceptual model of Saarikoski, Isoaho, Warne and Leini-kilpi (2008:3). The model concerns five distinctive concepts, and the authors developed a tool that measures these concepts. The concepts concern the satisfaction of nursing students, as it relates to the pedagogical atmosphere and leadership style in the ward, the supervisory

relationship, the premises of nursing on the ward and the nurse teacher's role in the clinical practice.

Figure 1.1 illustrates how these concepts impact nursing students' satisfaction with clinical practice during their undergraduate training. The ward pedagogical atmosphere includes teamwork and the personnel's interest in students' learning needs. The supervisory atmosphere contains constructs such as the sense of trust, students' equality and continual feedback. The ward leadership style represents the relationship between the ward managers, the staff, and the students. The premises of nursing on the ward represents the organization of care, and the nurse-teacher role in the clinical practice includes the nurse teacher's ability to minimize the theory-practice gap (Saarikoski *et al.*, 2008:4).



**Figure 1.1: Conceptual framework for nursing students' satisfaction with clinical practice environments**

## 1.9 RESEARCH METHODOLOGY

This chapter contains a brief overview of the research methodology employed. A detailed description of the steps is discussed in chapter 3.

### **1.9.1 Research design**

A quantitative approach with a descriptive cross-sectional design was applied in this study.

### **1.9.2 Study setting**

This study was conducted in its natural environment at the three institutions of higher education in Windhoek, Namibia. For this study, the universities were given pseudonyms, namely **University A**, **University B** and **University C**. The 3 universities are the only institutions of higher education in the country that offer an undergraduate nursing programme.

### **1.9.3 Population and sampling**

The target population included all undergraduate nursing students (N=941) at the three institutions of higher education in Windhoek, Namibia. The convenience sampling method was used to select a sample of 50% (n=421). The return rate was 63%.

### **1.9.4 Data collection Instrumentation**

The data collection instrument (Appendix 5) utilized for this study was a self-administered *Clinical Learning Environment, Supervision and Nurse-Teacher* (Lecturer) (CLES-T) evaluation scale, developed by Saarikoski, Isoaho, Warne and Kilpi (2008:3). CLES-T is a validated and reliable tool, consisting of mostly Likert scale and closed-ended questions.

### **1.9.5 Pre-testing of instrument**

A pre-test was conducted on a small group (n=20) of undergraduate second-year nursing students enrolled at University A.

### **1.9.6 Reliability and Validity**

The Clinical Learning Environment, Supervision, and Nurse-Teacher (Lecturer) (CLES-T) scale have a reliability coefficient that ranged from 0.81 to 0.95. CLES-T has been used in 50 different countries and translated into 30 different languages (Papastavrou *et al.*, 2016:4).

### **1.9.7 Data collection**

The researcher administered the questionnaire to willing participants during a class block at the institutions of higher learning and collected questionnaires after completion.

### **1.9.8 Data analysis**

A statistical package (SPSS, version 26.0) was used to analyse the data. Continuous variables were tabulated and presented in frequencies, means, and standard deviations. A statistician at the Division of Biostatistics at Stellenbosch University assisted with data analysis.

## **1.10 ETHICAL CONSIDERATIONS**

Ethical clearance was obtained from the Health Research Ethics Committee of Stellenbosch University. Ethical principles such as the right to self-determination, anonymity, confidentiality, beneficence and justice, were maintained.

## **1.11 OPERATIONAL DEFINITIONS**

**Clinical practice environments:** In this study clinical practice environments refer to conditions and external stimuli that surround the nursing students in the clinical setting; this may include patients and medical staff that influence their learning (Kaphagawani, 2015:40).

**Registered nurse:** In this study a registered nurse refers to a person registered under section 20(2) to practise nursing in terms of the Namibian Nursing Act, No. 08 of 2004.

**Satisfaction:** In this study satisfaction refers to areas of expectation related to nursing practice and is purely a subjective feeling (Kurian & James, 2017:4).

**Student nurse:** In this study a student nurse refers to an individual who is registered with an approved training institution to study nursing according to the Republic of Namibia (2004:7).

**Supervision:** With reference to this study, supervision refers to the role of registered nurses to guide and support students in the clinical area to facilitate learning (Browning & Pront, 2015:2).

## **1.12 DURATION OF THE STUDY**

The study was completed over three years, 2017-2019.

## **1.13 CHAPTER OUTLINE**

### **Chapter 1: Foundation of the study**

Chapter one provides an overview of the topic. It also outlines the aim and objectives of the study, as well as the significance of the study as related to the current practice.

### **Chapter 2: Literature review**

This chapter contains an in-depth description of the literature related to nursing students' satisfaction with the clinical practice environment.

### **Chapter 3: Research methodology**

Chapter three describes and discusses the details of how the study was conducted, the population, and how the participants were recruited, as well as the data collection process.

## **Chapter 4: Results**

This chapter contains a description of the study findings of the data analysis used and how these findings can be interpreted.

## **Chapter 5: Discussion, conclusions, and recommendations**

After data analysis and interpretation, the researcher provided discussions, conclusions and recommendations.

### **1.14 SIGNIFICANCE OF THE STUDY**

The study findings revealed factors that tend to influence the satisfaction of nursing students in the clinical practice environment. The findings will be communicated to the institutions involved and will hopefully be used to improve conditions in the clinical practice environment. This study is significant in understanding learning and teaching in the clinical practice environment of nursing students.

### **1.15 SUMMARY**

This chapter provided an overview of the research process that was conducted to explore nursing students' satisfaction with the clinical practice environment. A description was provided of the background, aim, objectives, problem statement and methodology.

Chapter 2 presents a review of the literature that informed the stud

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

A literature review is an organised, systematic, and written presentation of what is known on a topic under study (Grove et al., 2015:163). The literature review provides background information on the subject studied and assists in identifying gaps related to the knowledge base, underlying the topic (Burns & Grove, 2011:198). The current chapter provides a presentation of literature regarding nursing students' satisfaction with their clinical learning environment.

#### **2.2 ELECTING AND REVIEWING THE LITERATURE**

Relevant literature was assessed using the following databases: PubMed, Google Scholar and Medline, as well as reference lists of relevant published articles. Journal articles, theses and dissertations and various textbooks were searched. The search was limited to articles published from 2008 to 2019. The review was completed over two years. The following keywords were used: clinical practice, student nurse, clinical learning environment, student satisfaction, clinical supervision and clinical placement.

The framework is presented in the following order:

- Nursing clinical practice and background
- Nursing student's satisfaction with the clinical practice environment
- Clinical supervision
- Clinical teaching and learning support
- Ward atmosphere
- Challenges experienced by nursing students during clinical practice
- Summary

#### **2.3 NURSING CLINICAL PRACTICE AND BACKGROUND**

Nursing clinical practice is described as the integration of knowledge and skills that contribute to the character and development of such practice (Kaphagawani, 2015:40). Nursing students engage in clinical practice for learning purposes. Learning during clinical practice depends on psychological and pedagogical aspects such as staff-student relationships and learning opportunities (Traynor & Mehigan, 2014:14).

The importance of clinical practice to nursing professionals cannot be overemphasised; as it provides student nurses with the opportunity to become trained, competent, skilled and

confident practitioners (Msiska, Smith & Fawcett, 2014:2). Clinical practice is performed in various clinical settings. These settings are accredited by the national legislative body that establishes and regulates the standards of nursing education and training in a specific country, e.g. The South African Nursing Council in South Africa (SANC) and the Nursing Council of Namibia.

In Namibia, nurses' training is regulated by the Nursing Council of Namibia under the Nursing Act No. 8 of 2004. The Nursing Council of Namibia is a body that sets and maintains the training of nurses in the country. This body regulates the duration of nursing courses per qualification to be obtained. The training required and the standard of education needed to enable a person to qualify for registration as a nurse upon completion of the study programme. Student nurses have to apply for enrollment with the council at the onset of their study or before their first clinical placement. During clinical practice, student nurses are placed at the health facilities that are accredited by the Nursing Council of Namibia, according to Regulation 18. This regulation refers to the minimum requirements for education and training, leading to a diploma in nursing and midwifery science for registration as a nurse, midwife or accoucheur (the Government Republic of Namibia, 2008:9).

The duration of training for clinical practice varies from country to country. However, the World Health Organization (2009:8) recommends that the length for nursing students' clinical training should at least be one half of the minimum duration of the practice. The European Union Standards that are affiliated to 54 European countries state that the period of nursing training should be at least 4 600 hours of theory and clinical practice, of which at least one-half of the period represents clinical practice (European Commission, 2005:19). In Australia, the length of clinical practice is a minimum of 800 hours (Australian Nursing and Midwifery Council, 2009:17). While in the United Kingdom, the length of clinical practice complies with the European Union, which is 2 300 hours (Nursing and Midwifery Council, 2010: 9).

According to the Nursing Act of South Africa, Act No. 33 of 2005 (SANC, 2005), nursing students are required to complete a minimum of 4 000 hours in the clinical environment. The Nursing Council of Namibia (2010:34), under Nursing Act No. 8 of 2004, stipulates that a student nurse should undergo a minimum of 3 160 hours of clinical training during the basic nursing programme.

## 2.4 NURSING STUDENTS' SATISFACTION WITH CLINICAL PRACTICE ENVIRONMENT

Satisfaction refers to the fulfilment or gratification of one's wishes, expectations, or needs (The American Heritage Dictionary of the English Language, 2016). The satisfaction of nursing students is an essential indicator in assessing the quality of practical training. The quality of practical training relates to the work environment at the hospitals and clinics, structured and co-ordinated clinical experiences, competence demonstration by the students, standards of assessment and the interrelationships of ward staff (Dragusheva, Tornyova, Semerdjieva & Novakova, 2017:2). Importantly, studying student satisfaction plays a significant role in improving educational institutions teaching strategies to meet students' needs and expectations, regarding their clinical practice experiences (Higazze, Rayan, Ades & Alrawashdeh, 2017:5, El-Mokadem & Ibraheem, 2017:1).

Student nurses' exposure to clinical placement may be either satisfying or unsatisfying, and various factors contribute to these attributes. The results of a descriptive study completed in Kingdom of Saudi Arabia by Abouelfetoh *et al.* (2015:4), revealed that student nurses were satisfied with the clinical practice environment concerning their general context, the support provided by staff, the capacity of the learning environment to meet their learning objectives and the learning opportunities. These findings are similar to the results of a study by Papastavrou, Dimitriadou, Tsangari and Andreou (2016:8) conducted in Cyprus. Papastravrou *et al.* (2016:8) had found that students tend to be satisfied when they are guided on patient care and the documentation of ethical issues on the ward level. Student nurses also expressed satisfaction with clinical practice when they experienced a sense of achievement, were allowed to make decisions and treated individually according to their professional needs (El-Mokadem *et al.*, 2017:5).

Furthermore, the overall satisfaction of nursing students and the availability of learning opportunities in the practice environment are impacted by the duration of clinical practice. With short placements, students find it challenging to practise theoretical knowledge, adjust and meet their clinical practice objectives (Watson-Miller, 2015:14; Mabuda, Potgieter & Alberts, 2008:5; Abouelfetoh *et al.*, 2015:4). Students revealed that with shorter clinical placements, such as one to two weeks, they are exposed to limited opportunities to practise the theory taught in the classroom and build effective and therapeutic relationships with their patients (Warne, Johansson, Papastavrou, Tichelaar, Tomieto, Van den Bossche, Mareno & Saarikoski, 2010:4). In contrast, students whose placements were seven weeks or more appeared more satisfied.



More extended clinical placements offer students opportunities to learn and build work relationships with ward staff (Warne *et al.*, 2010:4). In Namibia, clinical practice differs among universities. For example, some universities have a placement period of two weeks, while others have placement periods of four weeks.

The satisfaction of nursing students is also linked to clinical supervision. Students who had frequent clinical supervision sessions with supervisors showed more appreciation than those who did not have meetings or fewer meetings with their respective supervisors (Papastavrou, Lambrinou, Tsangari, Saarikoski and Leino-kilpi, 2010:6; Sundler, Bjork, Bisholt, Ohlsson, Engström & Gustafsson, 2014:5; Papastavrou *et al.*, 2016:5). The lecturer/nurse-teacher/clinical instructor is responsible for the planning of the clinical placement of students. Therefore, regular visits enhance students' clinical experience and ensure that the educational goals of students are achieved timeously (Papastavrou *et al.*, 2016:7). Furthermore, the nurse teacher serves as a liaison between the university and the clinical settings where students are placed (Dimitriadou, Papastavrou, Efstathiou & Theodorou, 2015:5; Sundler *et al.*, 2014:6). The term “lecturer” and “nurse-teacher” is used interchangeably, and refer to the nurse who is employed by the university, mainly responsible to teach theoretical component. The clinical instructor or preceptors refers to a nurse employed by the nurse responsible for the practical component in the simulation room and at the clinical placement areas Shabnum, Hussain, Majeed, Afzal and Gillani (2018:4). The presence of the clinical instructor and nurse-teacher influences the nursing staffs' involvement in students' learning processes. Therefore, the nurse-teacher should visit the clinical settings frequently to ensure that students practise the theory and ultimately, reduce the theory-practice gap (Papastavrou *et al.*, 2016:8).

## **2.5 CLINICAL SUPERVISION**

Clinical supervision refers to the process of professional support and learning, whereby student nurses are assisted in developing clinical knowledge and competence through regular discussion with experienced and knowledgeable clinical supervisors during clinical practice (Brunero & Stein-Parbury, 2018:2). Supervision includes several aspects of support offered to student nurses during clinical practice. Meaning demonstrating practical skills, assessing and facilitating learning, evaluating demonstration of clinical knowledge, giving constructive feedback and facilitating students to integrate theory with practice (Skaalvik, Normann & Henriksen (2011:2) & Mwai, (2014:8).

In the United States of America, clinical nurse supervisors are employed by healthcare facilities such as hospitals, where student nurses are placed for clinical training. These supervisors do not have other responsibilities related to the patient or ward care (William & West, 2012:235). In Malawi, clinical supervision is done by the registered nurse in the wards. These nurses are employed by the healthcare facilities and their primary responsibilities concern patient care (Msiska *et al.*, 2014:6). From observations, clinical supervision in Namibia is done by the registered nurses in the wards; these nurses are not affiliated with the training institutions.

For students to benefit from clinical supervision, the method of supervision, frequency and efficiency, as well as the psychological content of the supervision session must be prioritised (Phillips, Mathew, Aktan & Catano, 2017:5; Abouelfettoh *et al.*, 2015:7). Efficient supervision is objective, systematic, creative and motivates students to achieve optimal clinical learning (Phillips *et al.*, 2017:5). For this reason, Abouelfettoh *et al.* (2015:7) emphasised that clinical supervisors should be competent, skilled and knowledgeable on how and what to teach students. Contrary to this, a study by Dale *et al.* (2013:3) in Norway showed that many supervisors lack current knowledge and sometimes become defensive when their experiences or techniques are challenged. Such is particularly common among nurses who had been trained years before. Their apparent lack of updated knowledge and skills frustrates the students and affects their learning. Nurses who have the responsibility of supervising students must be qualified and receive contemporary information regarding student supervision (Dale *et al.*, 2013:4).

Supervisors should teach practical skills, facilitate learning and give constructive feedback to help students improve their skills. Regular individual supervision is supportive and empowering (Mwai, 2014:17). Due to a lack of oversight, nursing students may lose interest in the nursing profession because of incompetence. Students stated that nurse-teachers demonstrated procedures using dolls at the university, but they fail to follow this up in the real patient care setting. A supervisor is responsible for enhancing learning by providing learning opportunities that significantly contribute to the competency and development of clinical skills by nursing students (Kaphagawani & Useh, 2013:2).

The findings of an explorative-descriptive study completed by Dale *et al.* (2013:3), revealed that some nurses in the wards considered student nurses as a burden and were not interested in guiding, supporting and assessing their progress. Positive student-supervisor relationships improve student motivation and their overall professional-confidence (Higazze *et al.*, 2017:5).

On the contrary, bad experiences result in students developing a negative perception of clinical placement as a whole (Dale *et al.*, 2013:3).

Quality interactions between ward nurses and students are of the utmost importance in student development and learning in the clinical practice environment. This relationship is characterised by mutual respect, both individually as well as professionally. Students reported that the nurse-supervisor relationship plays a role in the students' confidence to seek advice and get help (Courtney-Pratt, Fitzgerald, Ford, Marsden & Marlow, 2012:7). Ward nurses have reported that this relationship does not exist because some student nurses are not enthusiastic about learning, and they lack motivation (Courtney-Pratt *et al.*, 2012:7). Students' satisfaction with clinical supervision is thus concerned with attitudes, communication and cooperation (Sundler *et al.*, 2014:5).

## **2.6 CLINICAL TEACHING AND LEARNING SUPPORT**

Effective learning is described as the occurrence of students deriving meaning from the experience in which they are actively involved in (Kaphagawani, 2015:45). Papastavrou *et al.* (2010:2) described clinical support as an opportunity to facilitate learning during clinical practice.

The findings of a study conducted by Mabuda *et al.* (2008:4) in South Africa showed that student nurses regarded their nurse-teachers as sources of support and guidance. However, the findings further revealed that nurse teachers do not accompany students during clinical practice for support and guidance, but to evaluate students' performance. Therefore, due to the absence of nurse-teachers and clinical instructors, students are left to rely on ward nurses for teaching, guidance and supervision (Mabuda *et al.*, 2008:4). Through clinical accompaniment, student nurses learn to integrate theory and practice, and thereby achieve improved learning opportunities. Accompaniment can be described as the ability of the nurse teacher to attend, guide, and coexist with student nurses during clinical practice (Mntambo, 2009:140). During clinical accompaniment, nurse teachers should engage in identifying the needs of students at the clinical practice site to ensure that students become professionally knowledgeable and competent (Abouelfetoh *et al.*, 2014:6).

Many registered nurses in the wards refused to teach student nurses because they claimed that they do not have the educational qualification and they are not paid to teach student nurses (Mabuda *et al.*, 2008:4). Some ward nurses do not teach students because they lack information, preparedness, skills and strategies necessary for clinical education and are therefore not equipped for their role as a student supervisor (Dale *et al.*, 2013:3; Abouelfetoh *et*

*al.*, 2014:4). Apart from that, the nursing staff are often busy with their duties and unable to mentor student nurses simultaneously (Abouelfettoh *et al.*, 2014:4). Therefore, registered nurses in the wards need support to be adequately prepared for their role in training student nurses. Ward-nurse mentoring and support of student nurses play a significant role in influencing the nature of the practice environment and foster nursing students' independence and self-reliance (Abouelfettoh, 2014:5).

Nursing students also have a role to play during clinical practice placement. Lapen-Manux, Cibanal-Juan, Orts-Cortes, Marcia-Soler and Palacios-Cena (2016:6) argued that the role and responsibilities of a nurse should be explicitly defined to understand the role of the student nurse at the clinical placement. Student nurses should be familiar with the rules and objectives of the health facility of clinical practice and be aware of student nurses' scope of practice according to the different years of study (Lapen-Manux, 2016:6). Nursing students should actively participate in ward activities, collaborative learning with other students as well as clinical peer teaching. Participation can be in the form of active listening during ward discussions like nursing report handover and multidisciplinary case presentations (Hudson, He & Carraso, 2019:1).

Moreover, students are expected to be self-motivated to learn and think critically in order to link theoretical knowledge to the clinical application thus reducing the theory-practice gap (D'Souza, Venkatesaperumal, Radhakrishnan & Balachandran, 2013:2). Self-motivated students are likely to learn in challenging clinical area, for example in areas where there is a shortage of nursing staffs (Kaphagawani, 2015:243). Students should be open to receive constructive feedback during clinical practice and willing to provide feedback, especially at the end of the allocation (Hudson *et al.*, 2019:3). Students have the responsibility to be present at all times at the clinical facility to practice and acquire the required skills and also not to miss the teachable moment in the wards such as during doctor's rounds (Msiska, 2014:5). Active participation of nursing students during clinical practice depends on the pedagogical practices of the ward or unit of placement and socio-psychological factors such attitudes and work ethics of ward staffs (Dragusheva *et al.*, 2017:3; Watson-Miller, 2015: 129).

## **2.7 WARD ATMOSPHERE**

The ward atmosphere refers to the characteristics of the ward; including cooperation, attitudes, morale, friendliness of the staff as well as the interpersonal relationships between the ward staff and students (Barnett & Chuan, 2012:1). Barnett *et al.* (2012:1) in Malaysia, further assert that

the ward atmosphere influences nursing students' learning since it plays a role in whether students feel appreciated and influences their perception of whether they will meet their learning objectives during clinical placement.

Consequently, ward managers have a significant role in creating and maintaining a positive ward atmosphere that is conducive to learning. Furthermore, ward managers influence the nursing staff to be involved in students' teaching, learning and supervision through motivation and support (Skaalvik *et al.*, 2011:2).

The influence of the ward atmosphere on student learning can be either positive or negative (Frankel, 2009:5). A ward atmosphere that positively influences learning is characterised by staff that are satisfied, friendly, display good morale and cooperative attitudes, and are willing to teach and guide students, as well as provide quality care to patients (Papastavrou *et al.*, 2010:5; Kaphagawani, 2015:53). Lamont, Brunero and Woods (2015:5) reported encounters with students where staff members were welcoming, polite and willing to teach and involve students in the ward tasks. Several research studies emphasise that for the students to have a positive experience, they must experience a sense of belonging (Watson-Miller, 2015:15; Sundler *et al.*, 2014:4). A sense of belonging is a subjective experience that occurs from positive interaction with and acceptance from the nursing staff (Watson-Miller, 2015:15). Belongingness provides evidence that ward staff are interested in the students' learning and provide opportunities for students to integrate theory with practice (Lamont *et al.*, 2015:2). It is within this atmosphere that students develop confidence and independent learning skills. In this regard, students are open to discussions and are free to ask relevant questions. A positive ward atmosphere contains a good interpersonal relationship between students and ward staff and a supportive environment where students receive feedback and constructive criticism (Skaalvik *et al.*, 2011:2).

A pleasant ward atmosphere supports mentors and nursing students' work, morale, and professionalism. A good working relationship between mentors and the university is also meaningful. Furthermore, mentors should have clearly defined roles and are to be recognised for the roles they play (Traynor & Mehigan, 2014:14).

In contrast, in ward atmosphere where staff members are unfriendly and display bad attitudes, students are denied opportunities to learn. Results of a study conducted in South Africa by Mntambo (2009:128) reported staff being unkind to students, rude and shout at students in front

of patients. Likewise, some students encounter an unwelcoming attitude of surprise and adverse reactions during their initial days in the wards (Dale *et al.*, 2013:2). These unpleasant encounters provide a negative picture of clinical placement.

The majority of the studies reviewed in the literature review were descriptive studies (Lamont *et al.*, 2015:2; Papastavrou *et al.*, 2016:3; Skaalvik *et al.*, 2011:2; Warne *et al.*, 2010:3;), a mixed-method analysis (Watson-Miller, 2015:60) and a triangulation study by Kaphagawani (2015:54). Participants' experiences cannot be described in these studies, as their voices are not heard since the quantitative approach was used. Moreover, most of these studies were done at a single site, hence, not transferable to another setting.

## **2.8 CHALLENGES EXPERIENCED BY THE NURSING STUDENTS DURING CLINICAL PRACTICE**

Clinical practice occurs in a complex social environment that is unfamiliar to the students. As a consequence, they experience some challenges that may have an impact on their learning (Kaphagwani, 2015:56). Clinical facilities are overcrowded by many students in different disciplines of nursing. Overcrowding of students at clinical placements hinders clinical teaching and learning since students have to compete for already limited learning opportunities among themselves (Mabuda, 2008:23). There is also a severe shortage of nursing staff and clinical instructors (Msiska *et al.*, 2014:4). Consequently, students seldom receive adequate supervision during practice, preventing them from achieving their clinical goals (Pillay & Msthal, 2008:9). Furthermore, a lack of equipment and supplies can compromise clinical learning since nursing students are not able to practise the theoretical skills learned in class (Msiska *et al.*, 2014:5).

Moreover, nursing students face the challenge of exploitation as they try to please the clinical supervisor, mentors and nursing staff, while also trying to learn and pass clinical education. Nursing students find themselves placed at busy clinical placements amid staff shortage. In such cases, students are perceived as workers and not as learners, confined to mandatory duties and routine tasks (Dimitiadou *et al.*, 2015:2). The nursing students further experienced stress and anxiety (Mwai, 2014:8). Stress and anxiety experiences are evident from the studies done by Mwai (2014:9) in Finland and Levett-Jones and Lathlean (2008:7) in Australia and the United Kingdom, where nursing students responded that stress and anxiety are related to the fear of making errors and harming patients because of lack of knowledge. Furthermore, stress and anxiety can also be caused by fear of using and or breaking clinical equipment, lack of belongingness to the clinical setting and feeling abandoned. Workload and disparities between

what is learned in the classroom, what is practised in the workplace and fear of mentors and supervisors' observation and assessment can also lead to the students being stressed.

## **2.9. SUMMARY**

This chapter contains a discussion of literature that informed this study. Clinical practice is essential to nursing training because nursing is a practice-based profession. The satisfaction of nursing students appears to be a good indicator of the quality of practical training, e.g. the educational standard of education institutions and the condition of the healthcare facilities. Nursing students also face challenges during clinical practice learning. These challenges are related to a lack of resources and equipment, fear, and lack of support and supervision. The satisfaction of nursing students with clinical practice has been widely studied in countries such as Finland, Sweden, Norway, United Kingdom and Australia. Few studies have been conducted in Malawi and South Africa. The findings between the studies done in European countries and African countries differ and these differences are related to the availability of resources.

The following chapter contains a description of the research methodology applied for this study.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

The preceding chapter contains a discussion of literature concerning the clinical practice environment and constructs related to nursing students' satisfaction with such.

The current chapter comprises a presentation of the research methodology that was applied in the study. A description is included of the study setting, research design, population and sampling, issues related to rigour and data collection and analysis processes.

#### **3.2 AIM AND OBJECTIVES**

The study aimed to explore the student nurses' satisfaction regarding the clinical practice environments during their undergraduate training in Namibia.

The objectives of the study were to explore the satisfaction of undergraduate nursing students with regard to:

- The clinical learning environment during their clinical practice placements.
- The nursing student-supervisor relationship during their clinical practice placements.
- The role of the nurse-lecturer/teacher during clinical practice placement.
- Comparing and linking student satisfaction and demographic variables.

#### **3.3 STUDY SETTING**

This study was conducted at institutions of higher education in Namibia. Theoretical components are facilitated at the campuses of the universities, alternating with practical training at the different clinical areas such as the hospitals and clinics. The length of clinical placement varies among universities (see Chapter 1, Section 1.3). Before clinical placements, students are taught basic procedures in the clinical simulation laboratory of the university, e.g. the measuring of vital signs, bed bath and the aseptic technique. Nurse teachers and clinical instructors employed by the universities deliver clinical accompaniment. However, professional nurses employed at the clinical facilities also have to supervise and support students in these facilities.



### 3.4 RESEARCH DESIGN

A research design is described as a blueprint for conducting a study that increases control over elements that could interfere with the study's desired outcomes (Grove *et al.*, 2015:63). A quantitative approach with a cross-sectional descriptive design was used for this study.

Grove *et al.* (2015:32) define quantitative research as a formal objective; rigorous, systematic process used to describe variables, test relationships and examines cause and effect interactions among variables. The quantitative approach was deemed suitable as it allowed the inclusion of a large number of participants (Grove *et al.*, 2015:19). Descriptive research is described as the exploration and description of phenomena in real-life situations (Grove *et al.*, 2015:33). A descriptive design was considered fit as the natural setting, e.g. the clinical environment was not manipulated, and students provided descriptions of experiences related to these surroundings. A cross-sectional design refers to a study in which a population is examined simultaneously in various stages or levels of education to describe changes across stages or levels (Grove *et al.*, 2015:212). To capture information in totality about the undergraduate nursing students at institutions of higher education in Namibia, all nursing students in first-, second-, third- and fourth-year formed the target population.

#### 3.4.1 Research paradigm

A descriptive cross-sectional quantitative research with a positivist perspective was used in this study. Positivists believe in realism and objectivism. Positivists attempt to predict and generalise and identify cause-effect relationships. In the positivist's view, the goodness of research is based on whether the results are due to internal and external validity; replicability and reliability (Scotland, 2013:2).

The researcher assumed that all nursing students who have experienced clinical practice placement were aware of the different constructs that lead to satisfaction and dissatisfaction within the clinical practice environment. Furthermore, the researcher also assumed that all participants would be honest and objective in answering all questions. A validated and reliable Clinical Learning Environment, Supervision and Nurse CLES-t instrument with Cronbach Alpha coefficient range of 0.81 to 0.95 was used for data collection (Saarikoski, 2017:1).

Through the literature review, the conceptual framework was formulated as illustrated in chapter 1, Figure 1.1. There are five constructs in the conceptual framework. The researcher predicted the interconnection of the constructs within the framework, and the result of this connection was inferred to be nursing students' satisfaction regarding the clinical practice environment. The

positivists believe that different researchers can document similar data in the same way and come to a similar conclusion (Scotland, 2013:2).

### 3.5 POPULATION AND SAMPLING

Population refers to the elements that meet the set inclusion criteria of the study (Grove *et al.*, 2015:63). A sample refers to a subset of the population selected to participate in the study. Sampling is the process of choosing a subset of the population to be included in the study (Grove *et al.*, 2015:63). This study population included first-, second-, third- and fourth-year nursing students at the three institutions of higher education in Namibia (N=941; illustrated in Table 3.1).

**Sample size:** A statistician employed by Stellenbosch University was consulted on sampling. The statistician determined a sample (n=421); fifty per cent of the population would be appropriate for the study. The sample was determined using the following assumptions: power of 80%, proportion difference of 15%, significance level of 5%, and 5% margin of error. The sample per university was determined proportionally to the total number of students, University A 16%, University B 39% and University C is 44%.

**Table 3.1 Sample**

	University A				University B				University C				TOTAL
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
Year of study													
Number of students	49	0	52	53	91	109	105	67	130	130	100	55	N=941
Sample	22	0	23	24	41	48	47	30	58	58	45	25	n=421
Questionnaire returned	12	0	18	23	16	30	40	24	18	38	30	18	n=267
Returned rate	n=267/421=63%												

#### 3.5.1 Inclusion criteria

Only nursing students attending clinical placement at the national and central hospital were eligible, provided that they have completed the first clinical placement and were willing to participate in the study.

#### 3.5.2 Exclusion criteria

Absent students or on any leave such as sick, maternity, and compassionate leave during the data collection period were excluded. The second-year students at University A, who participated in the pilot test were also excluded from the study.

### 3.6 DATA COLLECTION INSTRUMENT

The Clinical Learning Environment, Supervision and Nurse-Teacher (Lecturer) CLES-T tool, by Saarikoski, Isoaho, Warne and Kilpi (2008:3), was used for data collection purposes. CLES-T is a validated and reliable tool with a Cronbach Alpha coefficient range of 0.81 to 0.95. Also, with the permission of the original authors, a section was added to elicit demographic data from participants. With the author's consent, the CLES-T tool was modified to fit the Namibian context. For example, certain words were changed such as 'Staff meeting before shift' was changed to 'handover report', 'staff nurse' was changed to 'registered nurse', 'ward manager' was changed to 'ward matron' and 'nurse-teacher' was changed to 'lecturer'.

The five-page questionnaire (see Appendix 5) has two sections, Section A and B. Section A covers the biographical data of the participants, namely age, gender, year of study and unit of placement. Section B consists of 34 Likert-scale questions related to the (a) **Clinical learning environment**: pedagogical atmosphere (nine items), leadership style of the ward manager (four items) and nursing care on the ward (4 items), (b) **Supervisory relationship**: the content of supervisory relationship and (c) **Role of the nurse teacher**: enabling the integration of theory and practice (three items), cooperation between placement staff and nurse teacher (three items) and relationship among student, mentor and nurse teacher (three items). The objectives of the study are aligned with the mentioned focus areas of the data collection tool. The scoring of Likert scale questions reflects fully disagree, disagree to some extent, neither agree nor disagree, agree to some extent and fully agree.

### 3.7 PILOT TEST

A pilot test is a smaller version of a proposed study conducted to improve the methodology (Brink, Van der Walt & Van Rensburg, 2012:175). The reliability of the data collection tool used was already established. With the advice of a statistician, twenty participants were conveniently selected from the second-year students at University A to participate in the pilot test. The pilot test was conducted to evaluate if the students understood the information in the informed consent forms and the instructions and questions in the questionnaire, and to assess the time it takes to complete the questionnaire. The questionnaire was completed in 15-20 minutes.

The researcher was present during the pilot test. The participants were informed and encouraged to ask questions and provide comments if they did not understand any part of the informed consent and the questionnaire. Feedback and findings from the pilot test were used to adjust the questionnaire and informed consent accordingly. The researcher obtained permission

from the developer of the questionnaire to make changes to terminologies so that the questionnaire could fit the Namibian context. Some students did not understand the word “pedagogical” in the questionnaire. During data collection of the main study, a definition of the word “pedagogical” was included. Some students complained that they were required to provide their full names on the informed consent. During data collection of the main study, students were informed that the consent form is kept separate from the questionnaire so that their identities are protected. The results of the pilot test were excluded from the main study because the questionnaire was adjusted post the pilot test.

### 3.8 RELIABILITY

The reliability of the research instrument is defined as the extent to which a tool consistently measures a concept (Grove *et al.*, 2015:510). The CLES-T has been proven to be a reliable tool and it was tested by various researchers (Dimitriadou *et al.*, 2015:3; Sundler *et al.*, 2014:3; Bisholt, Ohlsson, Engström, Johansson & Gustafsson, 2014:2; Papastavrou *et al.*, 2016:4; Warne *et al.*, 2010:4). The CLES-T tool has a Cronbach alpha test of 0.81-0.95. Table 3.2 presents the Cronbach alpha test of the current study and previous studies.

**Table 3.2: Reliability of the dimensions of the CLES-T**

Dimensions	Cronbach alpha:		
	Current study	Previous study by Dimitriadou et al. (2015:3)	Previous study by Warne et al. (2010: 4)
Pedagogical atmosphere	0.80	0.82	0.93
Leadership style of the ward matron	0.78	0.85	0.86
Nursing care on the ward	0.77	0.85	0.83
Supervisory relationship	0.89	0.96	0.96
Role of the nurse teacher	0.89	0.94	0.92

### 3.9 VALIDITY

Validity refers to the extent that an instrument accurately reflects the constructs being examined (Grove *et al.*, 2015:514). The researcher established face and content validity of the questionnaire in this study. Face validity was established by conducting a pilot test (Grove *et al.*, 2013:393–394). The results obtained from the pilot test showed that the questionnaire contained the necessary items to measure the satisfaction of nursing students related to the clinical practice environment. The pilot test was conducted to ensure that the students understood the terminologies in the questionnaire. Content validity of the questionnaire was guaranteed by

using a validated questionnaire, CLES-T tool. Furthermore, the content of the tool is aligned with the conceptual framework of the study (See Chapter 1, Section 1.8) and the objectives.

### **3.10 DATA COLLECTION**

Data collection is a precise and systematic gathering of information relevant to the research purpose or the objectives and questions of the study (Grove *et al.*, 2015:63). After obtaining the required permission from the participating institutions, the researcher started with data collection. The researcher met the nurse teachers involved with the undergraduate nursing programme at the various universities to discuss the study and to make appointments to meet the students. Dates were arranged for the researcher to meet the various year groups in a classroom setting at the respective universities. On these arranged days, the researcher discussed the study with the participants. Those that were interested in participating were handed an informed consent form accompanied by the questionnaire, which clearly stated how the questionnaire should be completed.

The participants who agreed to participate in the study were asked to sign the consent before completing the questionnaire. The informed consent was placed in a separate envelope. The participants were asked to deposit the completed questionnaires in a sealed box, stationed in the classroom. The participants were encouraged to complete the questionnaire during their free time, such as taking the questionnaire home and bringing it once completed. The participants were given up to five days to complete the questionnaire. The questionnaires were handed out on the 4<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> October 2019, and the last day to collect the boxes was 14<sup>th</sup> October 2019. This study targeted  $n=421$ , but only 267 questionnaires were returned (63% response rate).

### **3.11 DATA ANALYSIS**

Data analysis is a process of reducing, organising and giving meaning to the data (Grove *et al.*, 2015:47). When choosing the data analysis techniques, researchers base their choice on the study objectives, questions and the level of measurement (Grove *et al.*, 2015:47). Quantitative data analysis is converted into a numerical format to enable statistical analysis. Furthermore, quantitative data analysis involves descriptive analysis that describes the demographic variables; study variables and statistical techniques to test relationships among variables (Grove *et al.*, 2015:46). Analytical methods allow the researcher to reduce, summarise, organise, evaluate, interpret and communicate quantitative data. Findings from statistical analyses are presented in arranged tables to demonstrate the relationship between variables. Statistical

associations were applied to determine associations between the dependent and independent data on a significant level of 0.05.

The questionnaires were allocated an identification number so that the researcher could easily trace the questionnaire if needed. The data were captured on SPSS version 26. Consequently, each variable was labelled using a number. For example, the year groups were labelled as follows: 1st year=1; 2<sup>nd</sup> year=2; 3rd year=3 and 4<sup>th</sup> year=4. Likert-scale statements were labelled as follows: Fully disagree=1; Disagree to some extent=2; neither agree nor disagree (neutral)=3; Agree to some extent=4, and fully agree=5. The data were then sent to the statistician at the Stellenbosch University, Faculty of Medicine and Health Sciences who assisted with data analysis and interpretation.

Descriptive statistics were used to summarise the demographic variables such as age, gender, year of study and the type of ward during their last placement. The frequencies of these variables were thus calculated and presented in tables (see Chapter 4).

The frequencies of the responses to the Likert scale questions are also presented in tables. For each of the CLES-T dimensions, an average score was created by calculating the sum of the Likert scale responses of that dimension divided by the number of items in the dimension. This allowed for comparison of the dimension scores across the demographic variable categories or variables, such as the occupational title of the supervisor.

The responses to the Likert scale questions were then compared to demographic variables, such as gender and the year groups to see if any statistically significant differences existed; whether males and females and the year groups responded differently to the questions. The Mann-Whitney U test was used to compare differences between two independent groups (such as gender) when the dependent variable was ordinal (the responses/options contained in the Likert scale questions). The Kruskal-Wallis test was used to compare the responses of 3 or more groups, such as the year groups, i.e. 1<sup>st</sup> to 4<sup>th</sup> years.

### **3.12 ETHICAL CONSIDERATIONS**

Before commencing data collection, the researcher obtained ethical approval from the Health Research Ethics Committee (HREC) of Stellenbosch University (Ethics reference number S18/02/029; see Appendix 1). Further authorisation and permission were granted by the executive director of the Ministry of Health and Social Services (MOHSS) (see Appendix 2) in Namibia. Institutional permissions were then obtained from the respective participating

universities (Appendix 3 a, b & c). The researcher adhered to the following ethical principles as discussed below.

### **3.12.1 Right to self-determination**

The right to self-determination is grounded on the moral principle of respect for persons (Grove *et al.*, 2015:101). The people are autonomous agents who have the freedom to live as they choose without external control. The researcher ensured the right to self-determination by sharing essential information about the study with the participants before informed consent is obtained. Participants were informed that participation is voluntary, and they reserved the right to withdraw from participation at any given time without penalty. The participants who agreed to participate were asked to sign a written informed consent (Appendix 4).

### **3.12.2 Right to confidentiality and anonymity**

Anonymity refers to when the participant's identity cannot be linked, even by the researcher, with his/her responses (Grove *et al.*, 2015:107). Confidentiality refers to when the researcher safely manages information shared by participants to ensure that data are kept private from others (Grove *et al.*, 2015:107). The written informed consent was obtained from the willing participants and was kept separately from the completed questionnaires. Furthermore, no identifiable participant information was recorded in the questionnaires. The anonymously completed questionnaires were placed in a designated sealed box that was collected by the researcher. All electronic data files are kept and stored on password-protected electronic devices. Furthermore, the researcher ensured that the completed questionnaires are locked in a cupboard for five years, and only the researcher, supervisor and statistician have access to the data. In addition, since the documents that reflect institutional permission from the respective participative institutions of higher education contains identifiable information, these documents were omitted from the thesis.

### **3.12.3 Right to protection from discomfort and harm**

This principle is based on the ethical principle of beneficence that states that one should do good and above all; do no wrong (Grove *et al.*, 2015: 108). There were no anticipated adverse effects for participating in the study. However, participants were advised that should completion of the questionnaire bring any discomfort or inconvenience they, the students, should consult the student counsellor at the respective higher education institution.

### **3.12.4 Right to fair treatment**

This principle implies that people must be treated fairly and receive what is due to them or similar to other persons in the same situation (Grove *et al.*, 2015:107). The researcher practised fairness as all students who met the study criteria were allowed to participate in this study. The

research instrument was available in English, which is the language understood and spoken by participants, and this ensured that no participant was left out merely because of the language barrier. The participants were informed that they would not be rewarded for participating in the study.

#### **3.12.5 Right to privacy**

Privacy refers to the freedom of people to determine the time, extent and general circumstances under which their private information will be shared with or withheld from others (Grove *et al.*, 2015:105). The researcher ensured privacy by obtaining informed consent from the participants and no identifying details were required from the participants.

### **3.13 SUMMARY**

A detailed description was provided of the study settings, study design, study population and sampling method and the pilot test. Furthermore, an explanation and description were presented of the study instrument and efforts to enhance the reliability and validity of the tool. Concluding the chapter is the data collection process, data analysis and the ethical considerations as applied throughout the study.

The findings of the study are presented in the next chapter.



## CHAPTER 4: RESULTS

### 4.1 INTRODUCTION

The results of the study are presented in chapter 4 according to the order of questions in the questionnaire (see Appendix 5). The research data was captured on SPSS, cleaned and analyzed as described in chapter 3. This chapter begins with the presentation of the demographic data (Section A). Thereafter, the results of the CLES-T questions (Section B) are presented. All numbers were rounded to the first decimal.

As explained in chapter 3, descriptive statistics were used to order and summarize the data. Thereafter, the responses to the Likert scale questions were compared with demographic variables, such as gender and the year groups. The responses to the Likert scale questions were also compared to the occupational title of the supervisor in the clinical learning environment (Question 6.1). The discussion of the results commences with an illustration of the frequencies of responses. Thereafter, findings that were found to be statistically significant or not are presented.

### 4.2 SECTION A: DEMOGRAPHIC DATA

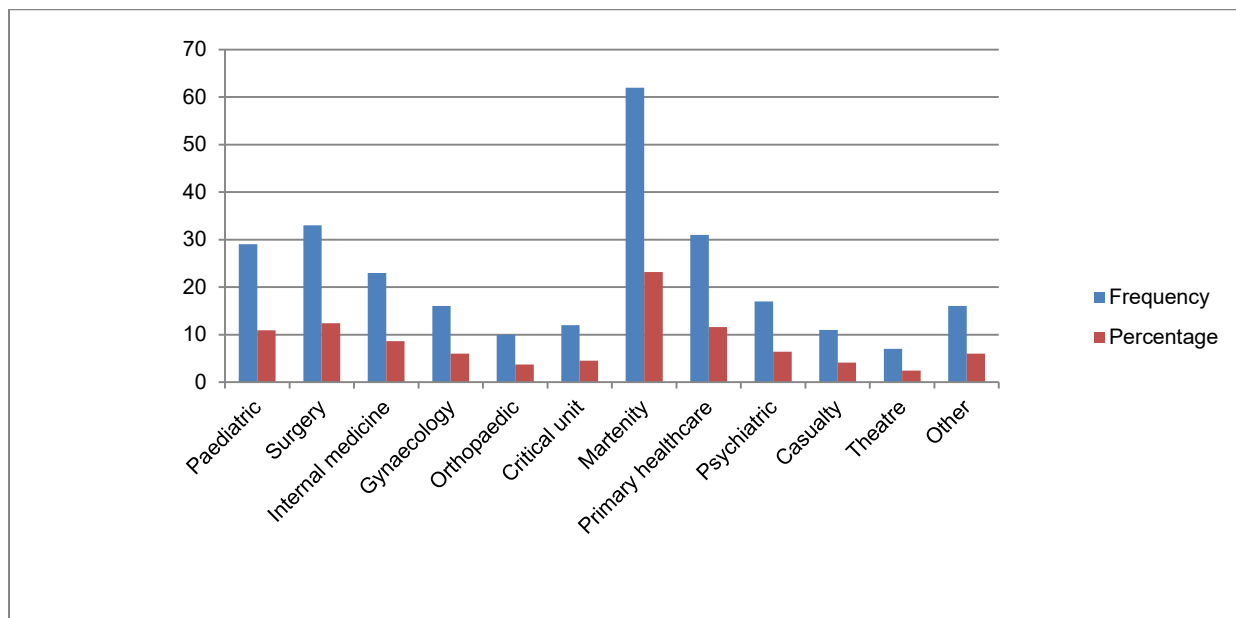
Section A of the questionnaire contains questions on the personal information of the participants. Demographic information included the participants' age, gender, year of study and type of ward during the last clinical placement. Two hundred and sixty-seven (n=267) questionnaires were returned, representing a 63% return rate, calculated on the sample n=421. The participants answered all questions in the questionnaire; thus, frequency is constant throughout (n=267).

Table 4.1 shows age distribution, gender and year of study. The results confirm nursing as a female-dominant profession, and subsequently, having more female participants, n=223(83.5%) compared to male participants, n=44(16.5%). Furthermore, the presence of mostly young adults, 21-25 years n=156(58.4%) than older participants, i.e. n=68(25.5%), older than 25 years and n=43(16.8%) 20 years and younger are aligned with the undergraduate student population. The participants were mainly third year, n=88(33%) with few first-year students, n=46(17.3%).

**Table 4.1 Age, gender and year of study (n=267)**

Variable	Frequency/ n	Percentage/ %
<b>Age (n=267)</b>		
≤20 years	43	16.80%
21-25 years	156	58.45%
>25 years	68	25.50%
<b>Gender (n=267)</b>		
Female	223	83.50%
Male	44	16.50%
<b>Year of study (n=267)</b>		
First-year	46	17.20%
Second-year	68	25.50%
Third-year	88	33%
Fourth-year	65	24.30%

The clinical placement areas of students are displayed in Figure 4.1. Undergraduate students rotate in midwifery wards in their 3<sup>rd</sup> year of training. Subsequently, since most participants were 3<sup>rd</sup> year students, most students were placed in maternity wards n=62(23.2%). Similarly, the lowest number of placements was in orthopaedic ward, n=10 (3.7%) and theatre, n=7(2.6%). The results (see Figure 4.1) further show that students are placed in a variety of wards ranging from general to emergency nursing and critical care.

**Figure 4.1 Clinical placement areas (n=267)**

### 4.3 SECTION B: CLINICAL LEARNING ENVIRONMENT, SUPERVISION AND NURSE TEACHER

This section concerns the results of the analysis of the CLES-T tool. Participants were asked to score the 34 items using a five-point Likert scale with the option that best described their opinion. The Likert scale options ranged from 1= strongly disagree to 5= strongly agree. There were also three items where the participants were asked to choose one alternative. The CLES-T tool has three main sections subdivided into five dimensions according to the conceptual framework of this study (see Appendix 5). For data analysis, all results of Likert scale items are presented in three categories as follow:

**Negative:** *Fully disagree and disagree to some extent*

**Neutral:** *Neither agree nor disagree*

**Positive:** *Fully agree and agree to some extent*

#### 4.3.1 Question 5 The learning environment

This section presents results related to the learning situation during clinical practice. The learning environment includes the subdivisions to this question, i.e. the pedagogical (educational) atmosphere, the leadership style of the ward matron and nursing care in the ward.

##### 4.3.1.1 Question 5.1 Pedagogical atmosphere

The pedagogical atmosphere concerns the approachability of the ward staff, team spirit, students' involvement in the ward; ward staff interest in student supervision; handiness of learning opportunities and whether the ward atmosphere supports learning or not. The results are illustrated in Table 4.2. The participants responded positively to the ward atmosphere, n=217 (81.3%) indicated the ward as a good learning environment; n=209 (78.3%) reported that there were sufficient meaningful learning situations in the ward; n=176 (65.9%) indicated that there was a positive atmosphere in the ward. The participants, n=93 (34.8%) reported that they did not feel comfortable participating in the ward discussions. Some participants, n=58 (21.7%) were neutral on whether the staff were interested in student supervision. Overall, the results showed that the participants mostly experience the pedagogical atmosphere as positive.

The Mann-Whitney U test found no statistically significant difference between the responses of male and female participants in terms of the pedagogical atmosphere ( $p=0.836$ ). The Kruskal-Wallis found no statistically significant difference between the responses of the various years' groups in terms of the pedagogical atmosphere ( $p=0.969$ ). Furthermore, the Kruskal-Wallis found no statistically significant difference between the occupational title of the supervisor, i.e.

the person who served as a supervisor, and the responses to the pedagogical atmosphere ( $p=0.301$ ).

However, the Kruskal-Wallis test found a statistically significant difference between the occurrence of the supervision (Question 6.2), i.e. how it happened; how often, and the responses to the pedagogical atmosphere ( $p=0.010$ ). Figure 4.2 reflects the rather more compact boxplot to the right and the rather high mean of 4 (see 6.2 option 6 on the questionnaire i.e. Appendix 5). It, therefore, appears that students who were assigned a personal supervisor and had a good relationship with this person were more satisfied than those who did not experience a good relationship with a named supervisor.

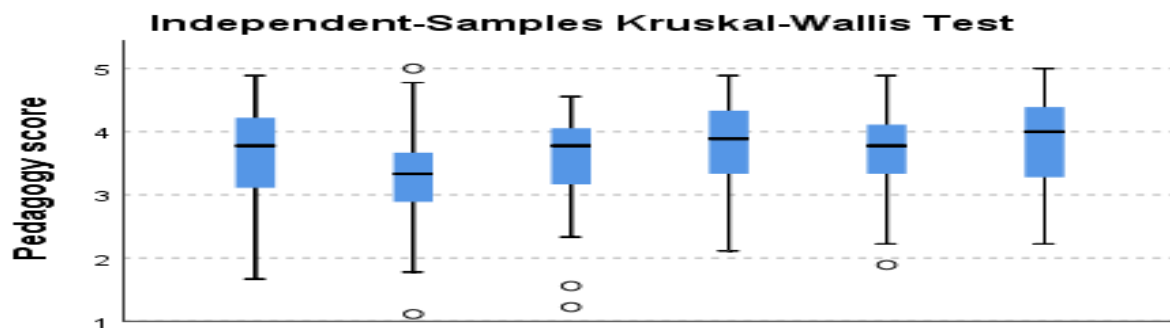


Figure 4.2 reflects the occurrence of supervision in relation to the pedagogical score

**Table 4.2 Nursing students' response to the pedagogical (educational) atmosphere (n=267)**

	1 – Fully disagree n (%)	2 - Disagree to some extent n (%)	Negative responses (Fully disagree and disagree to some extent) n (%)	3 - Neutral n (%)	4 - Agree to some extent n (%)	5 - Fully agree n (%)	Positive responses (Fully agree and agree to some extent) n (%)
<b>Pedagogical atmosphere</b>							
The staff were easy to approach	21(7.8)	43(16.1)	64(23.9)	45(16.9)	99(37.1)	59(22.1)	158(59.2)
I felt at ease going to the ward at the start of my shift	27(10.1)	34(12.7)	61(22.8)	41(15.4)	71(26.6)	94(35.2)	165(61.8)
I felt comfortable taking part in the discussions during the staff meetings	61(22.8)	32(12)	93(34.8)	58(21.7)	73(27.3)	43(16.1)	116(43.4)
There was a positive environment in the ward	17(6.4)	19(7.1)	36(13.5)	55(20.6)	98(36.7)	78(29.2)	176(65.9)
In general the ward staff were interested in student supervision	23(8.6)	47(17.6)	70(26.2)	58(21.7)	86(32.2)	53(19.9)	139(52.1)
The staff learned the student by their personal names	29(10.9)	25(9.4)	54(20.3)	32(12)	76(28.5)	105(39.3)	181(67.8)
There were satisfactory meaningful learning situations in the ward	9(3.4)	16(6)	25(9.45)	33(12.4)	107(40.1)	102(38.2)	209(78.3)
The learning situations were multi-disciplinary in terms of content	13(4.9)	23(8.6)	36(13.5)	55(20.6)	117(43.8)	59(22.1)	176(65.9)
The ward can be considered as a good learning environment	7(2.6)	18(6.7)	25(9.3)	25(9.4)	90(33.7)	127(47.6)	217(81.3)

**4.3.1.2 Question 5.2 Leadership style of the ward manager/matron**

There are four items in this dimension related to how staff felt about the ward manager; whether the ward manager is a team player or not and whether feedback of the ward manager is fruitful or not. The participants, n=166 (62.1%), indicated that feedback from the ward manager could easily be considered as a learning situation and n=173 (64.9%) reported that the ward manager regarded the staff in the ward as a key resource. Results are presented in Table 4.3 below. Again, in general, the results display a rather positive stance to the leadership style exhibited by the ward manager.

The Mann-Whitney U test showed no statistically significant difference between the responses of male and female participants in terms of the leadership style of the ward manager ( $p=0.116$ ). The Kruskal-Wallis test indicated no statistically significant difference between the responses of the various years' groups in terms of the leadership style of the ward manager ( $p=0.985$ ).

The Kruskal-Wallis test found no statistically significant difference between the occupational title of the supervisor, i.e. the person who served as a supervisor, and the responses to the leadership style of the ward manager ( $p=0.350$ ).

**Table 4.3 Nursing students' response to the ward manager's (matron) leadership style (n=267)**

<b>Leadership style of the ward manager</b>	<b>1 - Fully disagree n (%)</b>	<b>2 - Disagree to some extent n (%)</b>	<b>Negative responses (Fully disagree and disagree to some extent) n (%)</b>	<b>3 - Neutral n (%)</b>	<b>4 - Agree to some extent n (%)</b>	<b>5 - Fully agree n (%)</b>	<b>Positive responses (Fully agree and agree to some extent) n (%)</b>
The ward matron regarded the staff on her/his ward as a key resource	6(2.2)	24(9.0)	30(11.2)	64(24.0)	78(29.3)	95(35.6)	173(64.9)
The ward matron was a team member	27(10.1)	26(9.7)	53(19.8)	43(16.1)	88(33.0)	83(31.1)	171(64.1)
Feedback from the ward matron could easily be considered as a learning situation	16(6.0)	29(10.9)	45(16.9)	56(21.0)	77(28.8)	89(33.3)	166(62.1)
The effort of individual employees was appreciated	12(4.5)	19(7.1)	31(11.6)	63(23.6)	90(33.7)	83(31.1)	173(64.8)

**4.3.1.3 Question 5.3 Nursing care in the ward**

This dimension is related to the care rendered to the patients on the ward. The participants were scoring whether the nursing philosophy was clearly defined by the individuality of care provided to patients, the information flow and clarity of documentation. The results are illustrated in Table 4.4. The participants, n=210(79%) indicated that patients received individual nursing care, n=49(18.4%) were neutral on whether the ward nursing philosophy was clearly defined, while n=211(79.1%) reported that the documentation was clear. The information flow related to patients' care was clear, n=187(70%). Inclusively, the results seem to reflect the notion of contentment.

The Mann-Whitney U test showed no statistically significant difference between the responses of male and female participants in terms of the nursing care that is rendered at ward level ( $p=0.162$ ). The Kruskal-Wallis test indicated no statistically significant difference between the responses of the various years' groups in terms of the nursing care that is rendered at ward level ( $p=0.646$ ).

The Kruskal-Wallis test found no statistically significant difference between the occupational title of the supervisor, i.e. the person who served as a supervisor, and the distribution of scores to nursing care that is rendered at ward level ( $p=0.942$ ).

**Table 4.4 Nursing students' responses to the nursing care in the ward (n=267)**

	1 - Fully disagree n (%)	2 - Disagree to some extent n (%)	Negative responses (Fully disagree and disagree to some extent) n (%)	3 - Neutral n (%)	4 - Agree to some extent n (%)	5 - Fully agree n (%)	Positive responses (fully agree and agree to some extent) n (%)
<b>Nursing care on the ward</b>							
The wards nursing philosophy was clearly defined	14(5.2)	27(10.1)	41(18.4)	49(18.4)	107(40.1)	70(26.2)	177(66.2)
Patients received individual nursing care	6(2.2)	16(6.0)	22(8.2)	35(13.1)	77(28.8)	133(49.8)	210(78.6)
Clear information flow related to patients care	13(4.9)	20(7.5)	33(12.3)	47(17.6)	102(38.2)	85(31.8)	187(70)
Documentation of nursing was clear	13(4.9)	17(6.4)	30(11.3)	26(9.7)	80(30.0)	131(49.1)	211(79.1)

#### 4.4.1 Question 6 The supervisory relationship

The supervisory relationship presents information on who is supervising the students, occurrence of supervision, spontaneous supervision and the content of supervision.

##### 4.4.1.1 Question 6.1 Occupational title of supervisor

The majority of the participants were supervised by a registered nurse, n=187 (70%), while the clinical facilitator supervised, n=36 (13.5%) students. This result is further strengthened/augmented by the presence of the clinical facilitators and ward matrons, who are all also registered nurses (completed a 4-year undergraduate nursing programme towards registration as a general nurse; only registered nurses can be clinical facilitators and ward matrons). One can thus conclude that supervision was mostly done by registered nurses. However, at times, the students were supervised by enrolled nurses, n=9 (3.4%), meaning a person trained to deliver basic nursing care. The results are presented in Table 4.5.

**Table 4.5 Occupational title of the supervisor (267)**

Occupational title of supervisor	Frequency n	Percentage %
Clinical facilitator	36	13.5
Enrolled nurse	9	3.4
Registered nurse	187	70
Ward matron	34	12.7
Other	1	4

#### 4.4.1.2 Question 6.2 Occurrence of supervision

The items in this dimension reflect different experiences of supervision. For data analysis, the first three subsets were grouped and termed as unsuccessful supervision; the fourth and fifth subsets were termed as group supervision, and the sixth subset was termed as successful supervision, as illustrated in Table 4.6. The majority of the participants, n=162(60.7%) received group supervision; n=70(26.2) experienced unsuccessful supervision, while n=35(13.1%) experienced successful supervision. One can thus conclude that the supervision of a personal supervisor with an accompanied acceptable relationship is not a frequent occurrence.

**Table 4.6 Responses regarding the methods of supervision (267)**

	Methods of supervision	Frequency n	Percentage %	Frequency n	Percentage %
<b>Unsuccessful supervision</b>	I did not have a supervisor at all	14	5.3	70	26.2
	There was a named personal supervisor, but the relationship with this person did not work during the placement	37	13.9		
	The named supervisor changed during the placement, even though no change had been planned	19	7.1		
<b>Group supervision</b>	The supervisor varied according to the shift of place of work	73	27.3	162	60.7
	The same supervisor had several students and was a group supervisor rather than an individual supervisor	89	33.3		
<b>Successful supervision</b>	A personal supervisor was named, and our relationship worked during this placement	35	13.1	35	13.1

#### 4.4.1.3 Question 6.3 Spontaneous supervision with the nursing staff

This item concerns separate private unscheduled supervision without the involvement of the nurse teacher. The results are illustrated in Table 4.7. Most of the students, n=112(41.9%) indicated that they did not receive any private supervision with the nursing staff. Some students n=63(23.6) received private supervision once or twice during placement, while n=36(13.5%) received private supervision more often.

**Table 4.7 Occurrence of spontaneous supervision with the nursing staff (n=267)**

How often did you have separate private unscheduled supervision with the supervisor (without nurse teacher)	Frequency n	Percentage %
Not at all	112	41.9
Once or twice during the course	63	23.6
Less than once a week	23	8.6
About once a week	33	12.4
More often	36	13.5



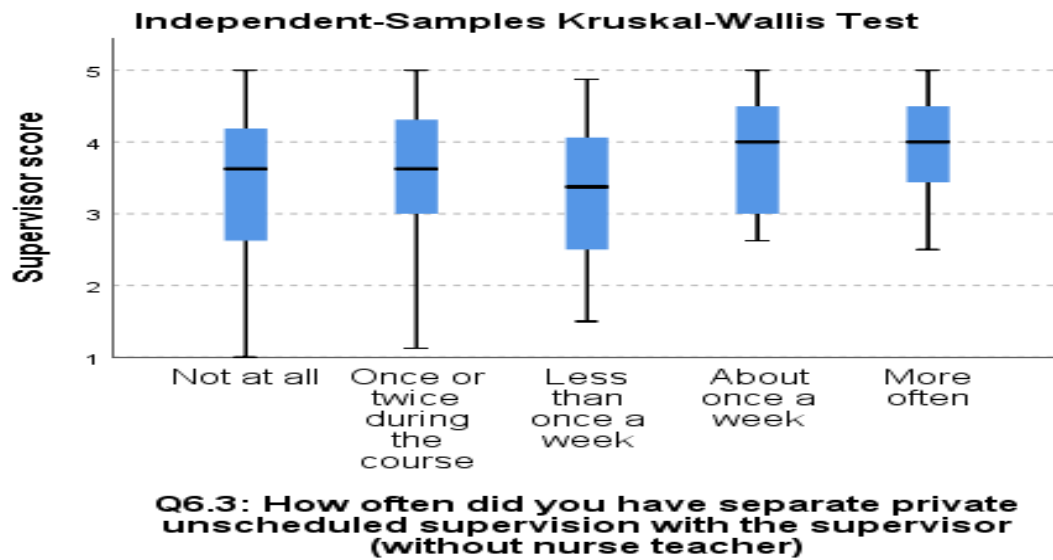
#### **4.4.1.4 Question 6.4 The content of the supervisory relationship**

The participants,  $n=194(72.7\%)$ , agreed that the supervisor showed a positive attitude towards supervision and that the supervisory relationship was characterized by a sense of trust 183(68.3%) and mutual respect prevailed 190(71.2%). However, there was no marked difference between the students that felt that they had received individual supervision, 107(40%) and those that did not 108(40.5%). Overall the participants,  $n=161(60.3\%)$  were satisfied with the supervision received. Table 4.8 present these results.

The Mann-Whitney U test showed no statistically significant difference between the responses of male and female participants in terms of the content of the supervisory relationship ( $p=0.943$ ). The Kruskal-Wallis indicated no statistically significant difference between the responses of the various year's groups in terms of the content of the supervisory relationship ( $p=0.898$ ).

The Kruskal-Wallis test found a statistically significant difference between the occupational title of the supervisor, i.e. the person who served as a supervisor, and the content of the supervisory relationship ( $p<0.011$ ).

However, the distribution of the supervisor score, i.e. the content of the supervisory relationship, (Question 6.4) is not the same across categories of Question 6.3: "How often did you have separate private unscheduled supervision with the supervisor (without nurse teacher)?" The Kruskal-Wallis showed a statistically significant difference ( $p<0.011$ ) among the alternatives to this question, reflecting that students who received supervision more frequently, were more satisfied. Figure 4.3, the boxplot to the far right for the option, 'more often' reflects the most compact boxplot and a mean of 4, suggesting increased satisfaction.



**Figure 4.3** Reflects the distribution of the content of the supervisory relationship in relation to the frequency of supervision

**Table 4.8** Content of supervisory relationship (n=267)

The content of supervisory relationship	1 - Fully disagree n (%)	2 - Disagree to some extent n (%)	Negative responses (Fully disagree and disagree to some extent) n (%)	3 - (Neutral) n (%)	4 - Agree to some extent n (%)	5 - Fully agree n (%)	Positive responses N (%)
My supervisor was optimistic towards supervision	17(6.4)	13(4.9)	30(11.3)	43(16.1)	84(31.5)	110(41.2)	194(72.7)
I felt that I received individual supervision	59(22.1)	49(18.4)	108(40.5)	52(19.5)	65(24.3)	42(15.7)	107(40.0)
I continuously received feedback from my supervisor	28(10.5)	40(15.0)	68(25.5)	53(19.9)	71(26.6)	75(28.1)	146(54.7)
Generally, I am satisfied with the supervision I received	25(9.4)	33(12.4)	58(21.8)	48(18.0)	86(32.2)	75(28.1)	161(60.3)
The supervision was established on a relationship of equality and promoted my learning	21(7.9)	30(11.2)	51(19.1)	60(22.5)	84(31.5)	72(27.0)	156(58.5)
There was a mutual interaction in the supervisory relationship	18(6.7)	38(14.2)	56(20.9)	56(21.0)	94(35.2)	61(22.8)	155(58)
Reciprocal respect and approval prevailed in the supervisory relationship	11(4.1)	22(8.2)	33(12.4)	44(16.5)	87(32.6)	103(38.6)	190(71.2)
There was a sense of trust in the supervisory relationship	15(5.6)	21(7.9)	36(13.5)	48(18.0)	97(36.3)	86(32.2)	183(68.3)

#### 4.5.1 Question 7 Role of the nurse-teacher (lecturer)

This factor presents results related to the ability of the nurse teacher to integrate theory and practice; cooperation between the staff and nurse teacher and the relationship between the student, appointed supervisor and nurse-teacher.

##### 4.5.1.1 Question 7.1 Nurse-teacher capability to integrate theory and practice

Table 4.9 illustrates the results of this section. The majority of the participants, n=194(72.6%) opined that the nurse teacher was able and competent integrating the theoretical and everyday nursing practice and helped the participant to reduce the theory-practice gap, n= 178(66.7%). Less than 13% of participants disagreed with the items in this section.

**Table 4.9 Nurse teacher as enabling the integration of theory and practice (n=267)**

	1 - Fully disagree n (%)	2 - Disagree to some extent n (%)	Negative Response s n (%)	3 - Neutral n (%)	4 - Agree to some extent n (%)	5 - Fully agree n (%)	Positive responses n (%)
<b>Nurse teacher as enabling the integration of theory and practice</b>							
In my opinion, the nurse teacher was capable of integrating theoretical knowledge and everyday practice of nursing	19(7.1)	13(4.9)	32(12)	41(15.4)	89(33.3)	105(39.3)	194(72.6)
The teacher was capable of operationalizing the learning goals of this clinical placement	13(4.9)	21(7.9)	34(12.7)	45(16.9)	94(35.2)	94(35.2)	188(70.4)
The nurse teacher-facilitated to reduce the theory-practice gap	18(6.7)	16(6.0)	34(12.7)	55(20.6)	81(30.3)	97(36.3)	178(66.7)

##### 4.5.1.2 Question 7.2 Cooperation between placement staff and nurse teacher

Overall, the participants responded positively regarding the collaboration between the ward staff and nurse teacher, as illustrated in Table 4.10. More than 60% of the participants agreed to each item in this section.

**Table 4.10 Cooperation between ward staff and nurse teacher**

	1 - Fully disagree n (%)	2 - Disagree to some extent n (%)	Negative responses n (%)	3 - Neutral n (%)	4 - Agree to some extent n (%)	5 - Fully agree n (%)	Positive responses n (%)
<b>Cooperation between placement staff and nurse teacher</b>							
The nurse teacher was like a member of the nursing team	26(9.7)	25(9.4)	51(19.10)	37(13.9)	80(30.0)	99(37.1)	179(67.0)
The nurse teacher gave his or her pedagogical expertise to the clinical team	14(5.2)	35(13.1)	49(18.4)	43(16.1)	91(34.1)	84(31.5)	175(65.5)
The nurse teacher and the ward staff worked together in supporting my learning	24(9.0)	22(8.2)	46(17.2)	44(16.5)	86(32.2)	91(34.1)	177(66.3)

**4.5.1.3 Question 7.3 The relationship among student, mentor and nurse teacher**

The positive responses of participants in this section are n=155(58.0%) and above for each item, as shown in Table 4.11. In addition, the majority of students, n=185 (69.3) confirmed that individual student's learning needs received attention during meetings among themselves, the mentor and nurse teacher.

**Table 4.11 Relationship among student, supervisor and nurse teacher**

	1 - Fully disagree n (%)	2 - Disagree to some extent n (%)	Negative responses n (%)	3 - Neutral n (%)	4 - Agree to some extent n (%)	5 - Fully agree n (%)	Positive responses n (%)
<b>Relationship among student, mentor and nurse teacher</b>							
The general meeting between myself, supervisor and nurse teacher was a comfortable experience	25(9.4)	25(9.4)	50(18.8)	52(19.5)	84(31.5)	81(30.3)	165(61.8)
In our general meetings, I felt that we are colleagues	32(12.0)	31(11.6)	63(23.6)	49(18.4)	82(30.7)	73(27.3)	155(58.0)
The focus on the meetings was according to my learning needs	23(8.6)	14(5.2)	37(13.8)	45(16.9)	88(33.0)	97(36.3)	185(69.3)

No statistically significant difference was found between the responses of male and female participants in terms of the role of the nurse teacher ( $p=0.191$ ).

No statistically significant difference between the responses of the various years' groups in terms of the role of the nurse teacher ( $p=0.058$ ).

No statistically significant difference between the occupational title of the supervisor, i.e. the person who served as a supervisor, and the role of the nurse teacher ( $p=0.052$ ).

#### **4.6 SUMMARY**

This chapter presented the answers to the research question which was about how satisfied the nursing students are with the clinical practice environment in Namibia. No statistically significant associations or differences were identified between the demographic data and different dimensions of the CLES-T. The findings show that the majority of the participants were satisfied with their clinical practice environment. However, it was found that students who had good relationships with their respective supervisors and had more frequent supervision were more satisfied.

## CHAPTER 5

### DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 INTRODUCTION

The foundation and overview of the study are presented in chapter 1. Chapter 2 comprises of a synthesis of literature about nursing students clinical practice environment locally and internationally. In chapter 3, the research methodology and design employed to conduct this study are discussed, whereas chapter 4 provides a presentation of the study findings.

In the current chapter, the study findings are discussed in relation to the aim and objectives, as presented in chapter 3. The limitations of the study are outlined. Concluding this chapter is the discussion of recommendations based upon the study findings

#### 5.2 DISCUSSION

The study aimed to explore the student nurses' satisfaction regarding the clinical practice environments during their undergraduate training in Namibia.

The objectives of the study were to explore the satisfaction of undergraduate nursing students with regard to:

- The clinical learning environment during their clinical practice placements.
- The nursing student-supervisor relationship during their clinical practice placements.
- The role of the nurse-lecturer/teacher during clinical practice placement.
- Comparing and linking student satisfaction and demographic variables

##### **5.2.1 Objective 1: Explore the satisfaction of undergraduate nursing students with the clinical learning environment during their clinical practice placements.**

The clinical learning environment influences the satisfaction of nursing students with regard to the clinical practice placement (Frankel, 2009:5; Saarokoski *et al.*, 2008:3). As illustrated in the conceptual framework in Figure 1.1 in chapter 1, the clinical learning environment comprises of the pedagogical atmosphere, the leadership style of the ward matron and the nursing care in the ward.

##### **5.2.1.1 Pedagogical atmosphere**

The study findings showed that most of the participants (81.3%) regarded the ward as a good learning environment. Also, 78.3% indicated that there were sufficient meaningful learning

situations in the ward as shown in Table 4.2. The findings are similar to the findings of a study by Saariskoski *et al.* (2002:5) when developing the CLES-T instrument. Overall, 64.3% of the participants were satisfied with the pedagogical atmosphere. However, not all the participants were satisfied, as shown in Table 4.2. The participants, 34.8%, felt uncomfortable to take part in discussions about the ward, and 23.9% indicated that the staff were not easy to approach. Consequently, although the participants are generally satisfied with this dimension, there appears to be a need to improve team spirit and approachability.

Attributes, such as student participation, approachability of ward staff by the nursing staff and team spirits are significant for the students' learning at the clinical placement environment (Skaalvik *et al.*, 2011:7; Phuma-Ngaiyaye, Bvumbwe & Chipeta, 2017:4). Students in a previous study indicated that being at ease to partake in the ward activities motivate them to seek assistance about their clinical learning goals (Phuma-Ngaiyaye *et al.*, 2017:4).

#### **5.2.1.2 Leadership style of the ward manager**

Most participants, 64%, were satisfied, while 21.2% were neutral, and 14.9% were dissatisfied (Table 4.3). The findings are supported by D'Souza, Karkada, Parahoo and Venkatesaperumal (2015:4) who found that 82.3% of the students in Oman were satisfied with the leadership style of the ward manager. The students in that study, D'Souza *et al.* (2015:4) indicated that feedback from the ward manager could easily be considered as a learning situation. Shabnum *et al.* (2018:7) suggested that the presence of the ward manager has a good influence on the nursing staff's involvement in the student learning process.

#### **5.2.1.3 Nursing care on the ward**

According to the findings (see Table 4.4), 73.5% were satisfied with the nursing care at the ward level. The participants, 66%, agreed that the nursing philosophy in the wards was clearly defined and 36.8% were either neutral or disagreed. Nursing philosophy refers to the base of reference that guides nurses' rational, observations and practices (Jooste, 2010:13). Nursing philosophy brings a shared understanding of nursing care activities among the nursing team, including the student nurses. The nursing team should understand the nursing philosophy which is not to compromise nursing care rendered to patients. The participants, 79%, agreed that patients received nursing care on an individual. Although not all the students agreed, it shows that the students were exposed to the right nursing practices. The findings are different from the findings of the study done by Shabnum *et al.* (2018:7) in Pakistan, where only 24.7% agreed that patients received nursing care on an individual basis.

A vast majority of participants (79.1%) agreed that there was clear documentation of nursing and 70% agreed that there was no problem in the information flow related to patients care (Table 4.4). Communication among the nursing team and the student is of the utmost importance for the quality of patient care, and student satisfaction with clinical practice. Communication enhances student nurses' learning experiences (Watson-Miller, 2015:177). Poor communication may lead to the feelings of rejection and fear to participate in clinical procedure by the nursing students (Watson-Miller, 2015:179).

### **5.2.2 Objective 2: Explore the satisfaction of undergraduate nursing students with the student-supervisor relationship during clinical practice placement**

Clinical supervision assists in reducing any discrepancies between the theoretical component and practical component. Supervision enables the students to reach the clinical learning outcomes, promotes and develops personal and professional growth (Kaphagawani, 2015:236). The general supervisors were registered nurses (70%). The rest of the supervisors had a title such as clinical facilitator (13.5%), enrolled nurse (3.4%) and ward matron (12.7%) (Table 4.5). The findings correspond with that of a study completed by Warne *et al.* (2010:4) in nine European countries where 63% of the students were supervised by the registered nurses. The majority of the students (73%) who participated in the study completed by Warne *et al.* (2010:4) had separate unscheduled supervision with the registered nurse without the presence of the nurse teacher. In the current study, 41.9% of the participants did not experience spontaneous supervision with registered nurses. The rest of the students experienced spontaneous supervision once or twice during the course (23.6%), less than once a week (8.6%), about once a week (12.4%) and more often (13.5%) (Table 4.7).

Group supervision (60.7%) was the most popular method of supervision in the current study as shown in Table 4.6. The findings varied to the findings of studies conducted regionally and internationally, and qualitative research by Kaphagawani (2015:161) in Malawi, where the majority of the participants reported that they had received group supervision. Contrary to this, the results of a study done by Dimitriadou *et al.* (2015:4) in Cyprus showed that only 26.1% of the participants received group supervision. Cyprus is a developed nation and is likely to have adequate staffing who can supervise students adequately, unlike in developing countries such as Namibia and Malawi, where resources are scarce. Literature has a differing view of group supervision. According to Kaphagawani (2015:237), group supervision was found to cause anxiety and lack of flexibility among nursing students. Hence, Dimitriadou *et al.* (2010:6) suggested a transition from a group supervision approach to individual supervision. Contrary to



this, the results of a study done by Lindquist, Johansson and Severinsson (2012:3) in Sweden reported that group supervision was a good experience and best alternative for the students. Group supervision allows the students to tolerate different views and experiences and develop the ability to work and cope with a team. Furthermore, team supervision develops the students' self-awareness of weakness and strengths concerning professional competence (Lindquist, 2012:3). Satisfaction with different methods of supervision was not established in the current study.

The students were least satisfied with the content of the supervisory relationship in comparison to the other dimensions of the CLES-T. The scale, 'content of supervisory relationship' was based on the supervisor's attitude towards the supervision of students, kind of interactions between the supervisor and students, and feedback. Participants (72.7%) indicated that the supervisor was optimistic towards supervision, and 54.7% reported that they continuously received feedback from the supervisor (see Table 4.8). Feedback is an essential component of supervision as through feedback; students become aware of their progress towards attaining practical learning goals (Kaphagawani & Useh, 2013:2). Concerning the response to feedback, there is a need for the supervisors to continuously provide constructive feedback to the students for learning to take place. Feedback is an essential aspect of the supervisory relationship and allows the students to communicate their satisfaction/dissatisfaction with the clinical practice environment.

It is worrisome that some students (41.9%) were not supervised during their placements as illustrated in Table 4.7. Lack of supervision was also reported regionally and internationally (Papastavrou *et al.*, 2010:5; Warne *et al.*, 2010:4; Msiska *et al.*, 2014:6). Lack of supervision leads to professional incompetence of nursing students and puts patients at risks. Shortage of registered nurses is one of the factors that negatively affect supervision as it results in the reduction of opportunities to guide and demonstrate clinical procedures (Watson-Miller, 2015:130). The findings are supported by those of a study done in South Africa by Mntambo (2009:88) where 87.5% of the registered nurses reported that they were unable to supervise students due to heavy workloads. There is a need to address the issue of lack of supervision both by the institutions of higher education and the hospital administrators

### **5.2.3 Objective 3: Explore the satisfaction of undergraduate nursing students with the role of the nurse-lecturer/teacher during clinical practice placement**

The nurse teacher is a registered nurse, who has completed a four-year diploma/degree undergraduate programme in nursing and is employed by the university responsible for nursing

students theoretical component and practical component during clinical placement. Except for involvement in practical training, the nurse teacher also assists with the facilitation of the theoretical component; developing and maintaining partnerships with the clinical staff and upholding professional knowledge and the practice of nursing (Saarikoski *et al.*, 2008:4).

According to the results of this study, the participants (69.9%) were satisfied with the nurse teacher role of allowing the integration of theory and practice and 66.7% reported that the nurse teacher-facilitated to reduce the theory-practice gap. Participants, (66.3%) felt the nurse teacher and ward staff collaborated to support the students' learning. Furthermore, 65.5% of the participant felt that the nurse teacher was able to share his or her pedagogical expertise with the clinical team. Active supervision of students is vital for students learning as the nurse teacher is aware of the theory acquired by the students and the expected practical learning outcome (Kaphagawani, 2015:46). Dimitriadou *et al.* (2015:5) emphasised the need for the nurse teacher to be present at regular intervals at the clinical placement areas. The nurse teacher facilitates support and establishes the supervisory relationship of the registered nurse with the nursing students. Furthermore, the nurse teacher has a role in enhancing clinical knowledge, engaging the students at the clinical placements and improving the students' clinical performance by teaching and evaluating (D'Souza *et al.*, 2015:2).

#### **5.2.4 Objective 4: Comparing and linking student satisfaction and demographic variables**

In this study, the satisfaction of students cannot be linked to the demographic data of this study such as the age, year of study, gender and ward during the last placement. The findings are different to the findings of a study by Msiska *et al.* (2014:4) where the junior students were content with the clinical placement, and the senior students were more aware of their clinical expectations than the junior students. Kaphagawani (2015:183) noted the discontentment of senior students that could be linked to the inability to achieve the set objectives. Senior students are sometimes required to carry out procedures that are rare such as the manual removal of placenta and breech delivery. Barnett and Chuan (2012:6) reported that junior students in their first-year of practice had a better chance of having a positive supervisory relationship. Consequently, the negative supervisory relationship was observed to increase with the level of study.

### **5.3 LIMITATIONS OF THE STUDY**

The study targeted nursing students both at the state and private universities, and some universities were more represented than others because some students consented and

returned the questionnaires. Furthermore, the sample was relatively small, as some students refused to participate. The research encountered delays in obtaining permission to conduct the research.

The study is quantitative and has placed restrictions on the participant in terms of answers. The answers were all closed-ended questions, and the participants were not given any opportunity to elaborate and to clarify their answers. Furthermore, the questionnaire contained Likert scale questions that offered a choice to participants to be indecisive when responding. This aspect might have affected the accuracy and validity of the study findings.

## **5.4 RECOMMENDATIONS**

### **5.4.1 Ward manager**

Ward managers should encourage registered nurses in their clinical environment to view clinical teaching and supervision as one of their responsibilities and as a means to improve and attain quality nursing care (Henderson *et al.*, 2011:1). It is therefore advised that responsibilities related to clinical teaching be contained in the performance appraisal process for registered nurses.

Ward managers should also ensure that the orientation of nursing students takes place. The ward nursing philosophy is clearly defined and displayed for reference so that the nursing staffs and students have a common understanding (Warne *et al.*, 2015:2).

Ward managers should take the lead and create a solid base for relationships with stakeholders, such as the university through professional communication, in-service training of registered nurses with the clinical accompaniment and support of students.

### **5.4.2 Nurse teacher**

The nurse teacher should design a programme for clinical accompaniment and visit students in clinical settings, often for guidance. Through clinical accompaniment, the nurse teacher can identify the students' needs and ensure that the students have reached their clinical placement outcomes (Abouelfettoh *et al.*, 2014:6).

The nurse teachers must stay abreast with the current knowledge and skills related to clinical practice to enable them to teach the relevant procedures to the students and ultimately reduce the theory-practice gap.

### **5.4.3 Institutions of Higher Education**

The university, in collaboration with the Ministry of Health and Social Services, should offer regular in-service training for registered nurses on clinical teaching and supervision of nursing students to facilitate learning.

### **5.4.4 Future research**

Future research on nursing students' satisfaction with clinical placements is proposed as follows:

- Registered nurses' perceptions regarding clinical teaching and supervision of nursing students during clinical placement.
- Qualitative research on nursing students' satisfaction with the clinical practice environment to obtain in-depth information.
- Compare and link student satisfaction and demographic variables

## **5.5 DISSEMINATION**

The results must be disseminated to various stakeholders. A study report will be submitted to the Ministry of Health and Social Services research department and at the universities where data was collected as requested in the letter for ethical permission. Presentations will be done at various nursing meetings, conferences and annual academic research week. An electronic copy of the study will be available on the Stellenbosch University library. An article of the study finding will be published in an accredited scientific journal.

## **5.6 SUMMARY**

This study discussed the study findings based on the objectives set for the study. The study limitations and recommendations from the study were also discussed. The chapter is concluded with the proposal of future research and discussion on the dissemination of the study findings.

Satisfaction with clinical practice is an essential aspect as it influences the nursing students' learning. This study focused on nursing students' satisfaction with the clinical practice environment in Namibia. The findings showed that the satisfaction level of students differs, but overall, the majority of the students were satisfied. However, a significant percentage of the students were dissatisfied. Attributes such as the pedagogical atmosphere, supervisory relationship and the role of the nurse teacher play a role in the satisfaction/dissatisfaction of students. If the students are dissatisfied with the clinical practice environment, optimum learning has not taken place, and clinical outcomes are not met. Learning during clinical placement leads to professional competence and knowledge expansion among nursing students.

## **5.4 CONCLUSIONS**

The findings of the study have shown that most participants were satisfied with their clinical practice environment. However, students who had a good relationship with their assigned supervisor were more satisfied with the pedagogical atmosphere. Students who received more frequent supervision were also more satisfied with the supervisory process in the clinical practice environment.

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<https://www.google.com.na/search?q=european+union+standards+for+nursing+and+midwifery&oq=europe&aqs=chrome.1.69i57j69i59j69i61l3.7107j0j7&sourceid=chrome&ie=UTF-8> [2017, 22 April].

## APPENDICES

### Appendix 1: Ethical approval



#### Approval Letter Amendment

05/03/2019

**Project Reference #:** 6363

**Ethics Reference #:** S18/02/029

**Title:** Nursing students' satisfaction with clinical practice environments during their undergraduate training in Namibia.

Dear Miss Naemi Haukongo ,

Your amendment request # 1 dated 06/02/2019 refers.

The Health Research Ethics Committee (HREC) reviewed and approved the following amendment through an expedited review process.

1. To add two universities as sampling sites to minimize bias.

Correspondingly, the study protocol version 1 dated 0190222 has been approved.

#### Where to submit any documentation

Kindly note that the HREC uses an electronic ethics review management system, Infonetica, to manage ethics applications and ethics review process. To submit any documentation to HREC, please click on the following link: <https://apoveethics.sun.ac.za>.

Please remember to use your project ID 6363 and ethics reference number (HREC reference) on any documents or correspondence with the HREC/UREC concerning your research protocol.

Yours sincerely,

M Coordinator,

HREC1.

National Health Research Ethics Council (NHREC) Registration Number:

REC-130405-012 (HREC1) REC-230206-010 (HREC2)


Federal Wide Assurance Number: 00001372

Office of Human Research Protections (OHRP) Institutional Review Board (IRB) Number:  
IRB0006240 (HREC1) IRB0006230 (HREC2)

The Health Research Ethics Committee (HREC) complies with the SA National Health Act No. 61 of 2003 as it pertains to health research. The HREC abides by the ethical norms and principles for research, established by the World Medical Association (2013), Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects; the South African Department of Health (2009), Guidelines for Good Practice in the Conduct of Clinical Trials with Human Participants in South Africa (2nd edition); as well as the Department of Health (2015), Ethics in Health Research: Principles, Processes and Structures (2nd edition).

The Health Research Ethics Committee reviews research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research (United States Code of Federal Regulations Title 46 Part 46); and/or clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services.

Appendix 2: Permission obtained from Ministry of Health and Social services

  
**REPUBLIC OF NAMIBIA**  
*Ministry of Health and Social Services*

Private Bag 13298 Windhoek Namibia	Ministerial Building Harvey Street Windhoek	Tel: 061 - 203 2562 Fax: 061 - 222558 E-mail: <a href="mailto:hq@mhss.gov.na">hq@mhss.gov.na</a>
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**OFFICE OF THE EXECUTIVE DIRECTOR**

Ref: 17/S/3 NH  
Enquiries: Mr. A. Shipanga  
Date: 23 July 2019

Ms. Naomi Haukongo  
PO Box 65863  
Katutura  
Windhoek

Dear Ms. Haukongo:

*Re: Nursing students' satisfaction with clinical practice environments during their undergraduate training in Namibia*

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
  - 3.1 The data to be collected must only be used for academic purposes;
  - 3.2 No other data should be collected other than the data stated in the proposal;
  - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;

NB


- 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
  - 3.5 Preliminary findings to be submitted upon completion of the study;
  - 3.6 Final report to be submitted upon completion of the study;
  - 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and ~~not~~ of the MoHSS.

Yours sincerely,

MR. BEN NANGOMBE  
EXECUTIVE DIRECTOR



### Appendix 3 (a): Permission obtained from University A



**IUM**  
GLOBAL HUB FOR MANAGEMENT SCIENCE  
AND INFORMATION TECHNOLOGY

**ACADEMIC RESEARCH PERMISSION**


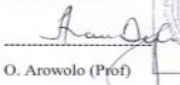
Date 11.3.2019

**RE: Research Permission**

This letter serves to inform that Ms/Mr N N Haukongo (20953364) is a registered student of the University of Stellenbosch, and is granted permission to conduct research as per the approved proposal that meets the University's ethical protocol and National Clearance requirements.

We trust that you will accord the student the necessary assistance in her/his quest to collecting data for his/her research.

Yours Faithfully



PP O. Arowolo (Prof)  
Pro Vice-Chancellor Academic & Research



### Appendix 3 (b): Permission obtained from University B



**CENTRE FOR RESEARCH AND PUBLICATIONS**  
*Office of the Pro-Vice Chancellor: Research Innovation and Development*  
 UNIVERSITY OF NAMIBIA, Private Bag, 13301 Windhoek, Namibia  
 340 Mandume Ndemufayo Avenue, Pioneers Park, Office D090 ☎ +264-61-2064624 ✉ [research@unam.na](mailto:research@unam.na) Fax +264-61-206 4624

02 April 2019

Dear Ms Naemi Haukongo

**PERMISSION TO CONDUCT RESEARCH ACTIVITIES AT THE UNIVERSITY OF NAMIBIA (UNAM)**

Your application to conduct research at UNAM entitled: *"Nursing students' satisfaction with clinical practice environments during their undergraduate training in Namibia"* was considered based on ethical evaluation from your institution. Hence, permission is hereby granted with the following conditions:

1. During the course of your research activities at UNAM, you will observe the required procedures, norms and ethical conduct in accordance with the relevant Research Policies and Guidelines. If unsure, please consult the *Centre for Research and Publications* at UNAM for guidance. Any deviations and amendments to the original documents submitted (i.e. research proposal, interview guide, consent forms, etc.) must be submitted again for approval, before the research activities can commence. Make sure you seek permission from other relevant authorities (where applicable).
2. The results of the findings will be shared with the PVC: Research, Innovation and Development, and the Centre for Research and Publications, before they are disseminated or published in the public domain.
3. Upon completion, a copy of the Research Report must be lodged with the UNAM Library for our records.
4. Proper, full acknowledgements of the University of Namibia and all participants /respondents shall be done in the Research Report and any subsequent publications arising from this research.

If you are agreeable to the above conditions, please sign and date a copy of this letter and return it the Centre for Research and Publications (Email: [research@unam.na](mailto:research@unam.na)). If you have any queries, do not hesitate to contact the Centre for Research and Publications.

Wishing you all the best with your research.

Yours sincerely



Dr. Hileni M. Kapenda

**I accept and agree to all the conditions**

NAEMI HAUKONGO

Full Name and Surname



Signature

03/04/2019

Date

### Appendix 3 (c): Permission obtained from University C



183 Industria Street, Lafrenz, Windhoek | P.O. Box 98604, Pelican Square, Windhoek | Tel: 264(0) 61 247 238 |  
[www.welwitchia.com.na](http://www.welwitchia.com.na) | [info@welwitchia.com.na](mailto:info@welwitchia.com.na)

#### OFFICE OF THE ACADEMIC DEAN

26/09/2019

Ms Naemi Haukongo

P. O. Box 65865

Katutura

Dear Naemi

**Re: Nursing students' satisfaction with clinical practice environments during their undergraduate training in Namibia**

Reference is made to the above mentioned subject:

The office hereby grants you permission to collect data from nursing students in regard to your study which seeks to explore the **Nursing students' satisfaction with clinical practice environments during their undergraduate training in Namibia.**

Kindly be informed that permission has been granted under the following conditions:

- Permission should be obtained from each individual student.
- The data collected must only be used for academic purposes.

Yours sincerely

A handwritten signature in black ink, appearing to be 'S Gwatikunda'.

Ms S Gwatikunda

**Academic Dean**



## Appendix 4: Participants information leaflet and declaration of consent by participant and investigator

### PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: Nursing students' satisfaction with clinical practice environments during their undergraduate training in Namibia.

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Naemi N Haukongo

ADDRESS: Faculty of Medicine and Health Sciences, Stellenbosch University

Contact details of the researcher: Mrs Naemi Haukongo

Cell no: +264 814130779

Email: [naemhaukongo@gmail.com](mailto:naemhaukongo@gmail.com)

Contact details of my research supervisor: Dr Mariana van der Heever

Cell no: +27 21 938 9295

Email: [mmvdheever@sun.ac.za](mailto:mmvdheever@sun.ac.za)

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the research investigator any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice.

What is this research study all about?

Clinical practice forms part of the nursing education curriculum and it is an important part of the training as it allows the nursing students to practice the theory taught in classroom. During clinical practice environment, student nurses experience the real world of nursing; acquire nursing routines and nursing responsibilities. Some nursing students particularly those that practice at training hospitals in Windhoek have complained of dissatisfaction with their clinical practice environment due to lack of support and

guidance from the registered nurses in the wards and lack of learning opportunities. Therefore the above mentioned had inspired the researcher to explore the satisfaction of undergraduate nursing students regarding their clinical practice environments during their undergraduate training in Namibia

Why have you been invited to participate?

As a student, you have experienced clinical placement in the clinical practice environments. Your feedback could make a valuable contribution to the understanding of satisfaction of student nurses regarding the clinical placement environments during their undergraduate training in Namibia

What will your responsibilities be?

Read this leaflet.

Think about and reflect honestly on your experiences during placement in the clinical placement environments during their undergraduate training.

Complete and sign this consent form in duplicate. Keep one form for yourself and give the other to the researcher.

Complete the questionnaire that will be provided by the researcher.

Your participation requires completion of a questionnaire which will take between 15-20 minutes of your time.

After completion, please drop the questionnaire in the designated box.

Will you benefit from taking part in this research?

As a student nurse you will have the opportunity to express what you feel may be enlightening and empowering. The researcher will gain an understanding of nursing students' satisfaction with clinical practice environments during their undergraduate training in Namibia. Future student nurses may directly benefit from the findings in understanding students' satisfaction during clinical placement.

Are there any risks involved in your taking part in this research?

There are no risks involved in this study

If you do not agree to take part, what alternatives do you have?

There are no alternatives – either you participate or not. You may withdraw your consent at any time and discontinue participation without penalty. Participation is voluntary.

Who will have access to your information?

All information collected during survey will be treated as confidential. The identity of the participant will remain anonymous at all times, including in any publication or thesis resulting from the study. All data

will be locked up in a safe for a period of five years and will only be made available to the supervisor and research ethics committee upon request.

Will you be paid to take part in this study and are there any costs involved?

No you will not be paid to take part in the study. There will be no costs involved for you, if you do take part

Is there anything else that you should know or do?

Should there be questions or something that you do not understand related to this study, please do not hesitate to contact me, Naemi Haukongo (the principal investigator) or my research supervisor Dr Mariana van der Heever on the above mentioned contact details.

You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study doctor.

You will receive a copy of this information and consent form for your own records.

If you are willing to participate in this study please sign the attached Declaration of consent and place it in the envelope available.

Declaration by participant

By signing below, .....i agree to take part in a research study entitled Nursing students' satisfaction with clinical practice environments during their undergraduate training in Windhoek, Namibia

I declare that:

I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

I have had a chance to ask questions and all my questions have been adequately answered.

I understand that taking part in this study is voluntary and I have not been pressurised to take part.

I may choose to leave the study at any time and will not be penalised or prejudiced in any way.

I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) ..... on (date) ..... 2019.

Signature of participant      Signature of witness

Declaration by investigator

I Naemi Haukongo declare that:

I explained the information in this document to .....

I encouraged him/her to ask questions and took adequate time to answer them.

I am satisfied that he/she adequately understands all aspects of the research, as discussed above

I did not use a translator.

Signed at (place) ..... on (date) ..... 2019.

Signature of investigator

Signature of witness

## Appendix 5: Data collection instrument

### QUESTIONNAIRE

#### NURSING STUDENTS' SATISFACTION WITH CLINICAL PRACTICE ENVIRONMENTS DURING THEIR UNDERGRADUATE TRAINING IN NAMIBIA


Dear Participant

This questionnaire aims to explore the student nurses' satisfaction regarding the clinical practice environment's during their undergraduate training in Namibia.

There are no right or wrong answers to this questionnaire. Your opinions are of importance for the success of this study and to help future students. Therefore it is important that you answer all questions honestly and accurately.

All information will be treated as confidential, and the researcher undertakes not to reveal any individual information that appears in this questionnaire. Do not record your name or any form of identification on this questionnaire.

You will require approximately 15-20 minutes for completing this 5-page questionnaire.

Read all guiding instructions and information regarding the different sections carefully. Read the questions and mark your response off with a circle (  ).

#### SECTION A: Demographic variables

Please circle the option that applies to you

Age

≤20 years old

21-25 years old

>25 years old

Gender

Female

Male

Year of study

1st year

b) 2nd year

c) 3rd year

d) 4th year

Type of ward during your last placement

Paediatric ward b) Surgery

c) Internal medicine

d) Gynaecology

Orthopaedic                      f) Critical unit                      g) Maternity    h) Primary HealthCare  
i) Psychiatric                      k) Casualty                      l) Theatre    M) Other.....

## SECTION B: CLINICAL LEARNING ENVIRONMENT, SUPERVISION AND NURSE TEACHER

(CLES+T) evaluation scale

(Saarikoski & Leino-Kilpi, 2008)

The following statements concerning the learning environment, supervision and the role of nurse teacher are grounded into main areas, each with their title.

For each statement, please choose the option that best describes your own opinion

.

Evaluation scale:

1 = fully disagree

2 = disagree to some extent

3 = neither agree nor disagree

4 = agree to some extent

5= fully agree

### THE LEARNING ENVIRONMENT

Pedagogical (educational) atmosphere:

The staff were easy to approach	1	2	3	4	5
I felt comfortable going to the ward at the start of my shift	1	2	3	4	5
During staff meetings (e.g. before shifts) I felt comfortable taking part in the discussions	1	2	3	4	5
There was a positive atmosphere on the ward	1	2	3	4	5
The staff were generally interested in student supervision	1	2	3	4	5



The staff learned to know the student by their personal names	1	2	3	4	5
There were sufficient meaningful learning situations on the ward	1	2	3	4	5
The learning situations were multi-dimensional in terms of content	1	2	3	4	5
The ward can be regarded as a good learning environment	1	2	3	4	5

Leadership style of the ward matron (WM):

The WM regarded the staff on her/his ward as a key resource	1	2	3	4	5
The WM was a team member	1	2	3	4	5
Feedback from the WM could easily be considered as a learning situation	1	2	3	4	5
The effort of individual employees was appreciated	1	2	3	4	5

Nursing care on the ward:

The wards nursing philosophy was clearly defined	1	2	3	4	5
Patients received individual nursing care	1	2	3	4	5
There were no problems in the information flow related to patients' care	1	2	3	4	5
Documentation of nursing (e.g. nursing plans, daily recording of nursing procedures etc.) was clear	1	2	3	4	5

#### THE SUPERVISORY RELATIONSHIP

In this form, the concept of supervision refers to guiding, supporting and assessing of student nurses made by clinical staff nurses. Supervision can occur as individual supervision, or as a group (or team) supervision.

The concept of a mentor means a named personal supervisor.

Occupational title of supervisor:                      Clinical facilitator                      1

(Circle one alternative only)      Enrolled nurse      2

Registered nurse	3
------------------	---

Ward matron 4

Other, what? \_\_\_\_\_

Occurrence of supervision: (circle one alternative only)	
I did not have a supervisor at all	1
A personal supervisor was named, but the relationship with this person did not work during the placement	2
The named supervisor changed during the placement, even though no change had been planned	3
Continued next page	
The supervisor varied according to shift or place of work	4
The same supervisor had several students and was a group supervisor rather than an individual supervisor	5
A personal supervisor was named, and our relationship worked during this placement	6
Other methods of supervision, please specify?	
.....	

(circle one alternative only)	not at all	1
	once or twice during the course	2
	less than once a week	3
How often did you have separate private unscheduled supervision with the supervisor (without nurse teacher):	about once a week	4
	more often	5

#### 6.4 The content of supervisory relationship:

The following statements concerning the supervisory relationship

Evaluation scale:

For each statement, please choose the option that best describes your own opinion.

1 = fully disagree

2 = disagree to some extent

3 = neither agree nor disagree

4 = agree to some extent

5 = fully agree

My supervisor showed a positive attitude towards supervision	1	2	3	4	5
I felt that I received individual supervision	1	2	3	4	5
I continuously received feedback from my supervisor	1	2	3	4	5
Overall I am satisfied with the supervision I received	1	2	3	4	5
The supervision was based on a relationship of equality and promoted my learning	1	2	3	4	5
There was a mutual interaction in the supervisory relationship	1	2	3	4	5
Mutual respect and approval prevailed in the supervisory relationship	1	2	3	4	5
The supervisory relationship was characterised by a sense of trust	1	2	3	4	5

#### ROLE OF THE NURSE-TEACHER (LECTURER)

Nurse-teacher is a lecturer (employed by University) who is responsible for nursing students during the clinical placement. The following statements concerning the linking nurse teacher are grounded into main areas, each with their title.

Evaluation scale:

1 = fully disagree

2 = disagree to some extent

For each statement, please choose the option that best describes 3 = neither agree nor disagree

your own opinion.

4 = agree to some extent

5 = fully agree

Nurse teacher as enabling the integration of theory and practice:

In my opinion, the nurse teacher was capable of integrating theoretical knowledge and everyday practice of nursing	1	2	3	4	5
The teacher was capable of operationalising the learning goals of this clinical placement	1	2	3	4	5
The nurse teacher helped me to reduce the theory-practice gap	1	2	3	4	5

Cooperation between placement staff and nurse teacher:

The nurse teacher was like a member of the nursing team	1	2	3	4	5
The nurse teacher was able to give his or her pedagogical (teaching) expertise to the clinical team	1	2	3	4	5
The nurse teacher and the clinical team worked together in supporting my learning	1	2	3	4	5

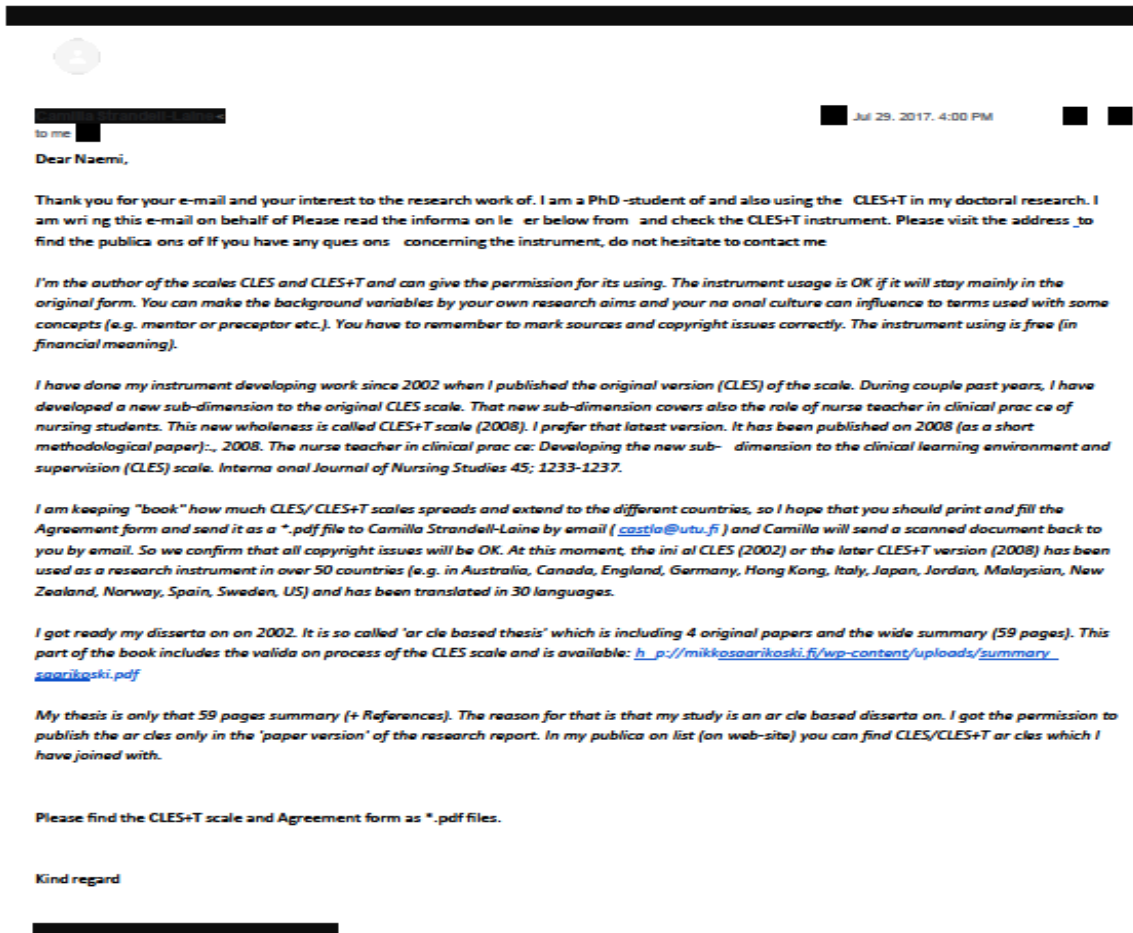
Relationship among student, mentor and nurse teacher:

The common meetings between myself, mentor and nurse teacher were a comfortable experience	1	2	3	4	5
In our common meetings, I felt that we are colleagues	1	2	3	4	5
Focus on the meetings was in my learning needs	1	2	3	4	5

Thank you for your time and consideration to participate in this study

CLES+T as amended with permission from the original authors Saarikoski M., Isoaho H., Warne T. & Leino-Kilpi H. 2008. Copyright (C) 2002 Saarikoski, 2008 Saarikoski & Leino-Kilpi; Full copyright © 2008 Elsevier Science Ltd.

## Appendix 6: Permission for use of the data collection instrument



Appendix 7: Declaration by technical editor

